

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90070 028 ****61.25

DOCUMENT # N00000000310

1. Entity Name

ENVIRONMENTAL RECOVERY & DEVELOPMENT GROUP, INC.



Principal Place of Business

200 NE 48TH TERR.
MIAMI FL 33137

Mailing Address

200 NE 48TH TERR.
MIAMI FL 33137

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1713861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEREMIE, EMMANUEL
17890 W. DIXIE HWY.
NORTH MIAMI BCH FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WARD, MARY J.
STREET ADDRESS 200 NE 48TH TERR
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE VD
NAME SANCHEZ, CHARLES
STREET ADDRESS 19400 SE HWY 42 LOT 64
CITY-ST-ZIP UMATILLA FL 33784 ☐ Delete

TITLE TD
NAME JEREMIE, EMMANUEL
STREET ADDRESS 17890 W DIXIE HWY
CITY-ST-ZIP N MIAMI BEACH FL 33160 ☐ Delete

TITLE D
NAME PUMIENTA, ALBERT
STREET ADDRESS 670 NE 77TH STREET
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Pimienta, Albert
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY J. WARD 4/16/04

Date

305 752 6396

Daytime Phone #