

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004236

1. Entity Name

FLORIDA ALLIANCE FOR CLEAN TECHNOLOGIES, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90002 014 ****61.25

Principal Place of Business

1889 NW 83RD DRIVE
CORAL SPRINGS FL 33405

Mailing Address

1889 NW 83RD DRIVE
CORAL SPRINGS FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0445955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
500 EAST
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

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.

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SUGGS, C R
STREET ADDRESS 1889 NW 83RD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VPD ☐ Delete
NAME ROBINSON, KAREN
STREET ADDRESS 680 ENGINEERING DRIVE, STE. 180
CITY-ST-ZIP NORCROSS GA 30092

TITLE S ☐ Delete
NAME CANALES, DOLORES
STREET ADDRESS 1889 NW 83RD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ Delete
NAME YOUNG, JR., WILLIAM R
STREET ADDRESS 1679 CLEARLAKE ROAD
CITY-ST-ZIP COCO FL 32922

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
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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:

Claude Robert Suggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claude Robert Suggs 954-255-9324
Date Daytime Phone #

CR2E037 (5/00)