2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 A.
Secretary of State

DOCUMENT # N99000003509

1. Entity Name

FLORIDA RECYCLERS COALITION, INCORPORATED

W03-6126

700220127

Principal Place of Business	Mailing Address
2425 E. COMMERCIAL BLVD. SUITE 101 FORT LAUDERDALE FL 33308-4003	2425 E. COMMERCIAL BLVD. SUITE 101 FORT LAUDERDALE FL 33308-4003

DO NOT WRITE IN THIS SPACE REINSTATEMENT 01-03

2. Principal Place of Business	3. Mailing Address
1475 SW 4th AVENUE Suite, Apt. #, etc.	1475 SW 4th AVENUE. Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33444 Country: USA	Zip: 33444 Country: USA.

4. FEI Number 65-0949447 ☐ 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
APPLE, WALTER E 2425 E. COMMERCIAL BLVD. SUITE 101 FORT LAUDERDALE FL 33308-4003	Name: LOUIS P. DIVITA Street Address (P.O. Box Number is Not Acceptable): 1475 SW 4 AVENUE. City: DELRAY BEACH FL Zip Code: 33444.

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 _____ 1-17-03
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 12, 2001, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERTS, THOMAS R 2075 N. POWERLINE RD POMPANO BEACH FL 33069	☒ Delete	TITLE P NAME PRESIDENT STREET ADDRESS DIVITA, LOUIS P. CITY-ST-ZIP 1475 SW 4 AVE DELRAY BCH. FL 33444.	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BINGHAM, MARK 15490 NW 97 AVE MIAMI FL 33016	☒ Delete	TITLE VP NAME VP STREET ADDRESS PANZARELLA, AL CITY-ST-ZIP 3145 WILLOW LN WESTON, FL 33331	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APPLE, WALTER 2075 N. POWERLINE RD POMPANO BEACH FL 33069	☒ Delete	TITLE SD NAME Secretary STREET ADDRESS ADAMS, MICHAEL J. CITY-ST-ZIP 4701 NW 35 AVE MIAMI, FL 33142	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIVITA, LOU 2075 N. POWERLINE RD POMPANO BEACH FL 33069	☒ Delete	TITLE TD NAME TREASURER STREET ADDRESS MENSH, ALEX. CITY-ST-ZIP 2241 NW 15 CT POMPANO, FL 33069.	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FARACHE, AHRON 10191 W. SAMPLE RD #205B CORAL SPRINGS FL 33065	☒ Delete	TITLE D NAME AT-LARGE STREET ADDRESS FARACHE, AHRON CITY-ST-ZIP 10191 N SAMPLE Rd #205B CORAL SPRINGS, FL 33065	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (5/01)

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: LOUIS P. DIVITA PRESIDENT 1-17-03 954.214.7128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #