

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90118 011 ***158.75

DOCUMENT # P00000032395

1. Entity Name

REUSABLE TECHNOLOGIES, INC.

Principal Place of Business

**21670 FRONTENAC COURT
BOCA RATON FL 33433**

Mailing Address

**21670 FRONTENAC COURT
BOCA RATON FL 33433**

2. Principal Place of Business

11400 NW 32 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

11400 NW 32 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33167-2901

Zip

Country

33167-2901

4. FEI Number

650999695

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, HOWARD W
100 S.E. 2ND ST., 17TH FLOOR
MIAMI FL 33131**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P THOMAS IRVINE 11400 NW 32 AVENUE MIAMI, FL 33167-2901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VT KIRAN PATEL 11400 NW 32 AVENUE MIAMI, FL 33167-2901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VS ANIL PATEL 11400 NW 32 AVENUE MIAMI, FL 33167-2901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V DIPAK PATEL 11400 NW 32 AVENUE MIAMI, FL 33167-2901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VAS VIJAY PATEL 11400 NW 32 AVENUE MIAMI, FL 33167-2901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

KIRAN PATEL

4/25/01

Date

305-688-2250

Daytime Phone #

CR2E034 (10/00)