

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000032395

1. Entity Name  
REUSABLE TECHNOLOGIES, INC.



**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
11400 NW 32 AVENUE  
MIAMI, FL 33167-2901

Mailing Address  
11400 NW 32 AVENUE  
MIAMI, FL 33167-2901



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0999695

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME IRVINE, THOMAS  
STREET ADDRESS 11400 NW 32 AVENUE  
CITY-ST-ZIP MIAMI, FL 331672901

TITLE VT  
NAME PATEL, KIRAN  
STREET ADDRESS 11400 NW 32 AVENUE  
CITY-ST-ZIP MIAMI, FL 331672901

TITLE VS  
NAME PATEL, ANIL  
STREET ADDRESS 11400 NW 32 AVENUE  
CITY-ST-ZIP MIAMI, FL 331672901

TITLE V  
NAME PATEL, DIPAK  
STREET ADDRESS 11400 NW 32 AVENUE  
CITY-ST-ZIP MIAMI, FL 331672901

TITLE VAS  
NAME PATEL, VIJAY  
STREET ADDRESS 11400 NW 32 AVENUE  
CITY-ST-ZIP MIAMI, FL 331672901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRAN PATEL

4/29/2004

305-688-2250

Date

Daytime Phone #