

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032395

1. Entity Name
REUSABLE TECHNOLOGIES, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90712 042 ***150.00

0287198 AV



☐ CHECK HERE IF MAKING CHANGES

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

Mailing Address
11400 NW 32 AVENUE
MIAMI FL 33167-2901

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 KIRANIPATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2003 305-688-2250
Date Daytime Phone #

CR2E034 (10/02)