

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052240

1. Entity Name

EDCO PAPER RECYCLING INC.

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90002 048 ***150.00

Principal Place of Business

2122 W. 62ND STREET
HIALEAH FL 33016

Mailing Address

2122 W. 62ND STREET
HIALEAH FL 33016

2. Principal Place of Business

6840 nw 37 ct
Suite, Apt. #, etc.
miami FL 33147

3. Mailing Address

6840 nw 37 ct.
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

33147

Country

USA

4. FEI Number

65-1022507

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

FLORES, EDUARDO J
2122 W. 62ND STREET
HIALEAH FL 33016

6840 nw 37 ct
miami FL 33147

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FLORES, EDUARDO J	
STREET ADDRESS	2122 W. 62ND STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLORES, EDDY SR	
STREET ADDRESS	2122 W. 62ND STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arianna Flores	
STREET ADDRESS	6840 nw 37 ct	
CITY-ST-ZIP	miami FL 33147	
TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwardo J Flores	
STREET ADDRESS	6840 nw 37 ct	
CITY-ST-ZIP	miami FL 33147	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/19/01 305-693-9477
Date Daytime Phone #

CR2E034 (10/00)