

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90064 049 \*\*\*150.00

DOCUMENT # P00000103452

1. Entity Name

RECYCLERS UNLIMITED, INC.

Principal Place of Business

1440 SW 31st AVE  
POMPANO BEACH, FL  
33069

Mailing Address

1440 SW 31st AVE  
POMPANO BEACH, FL  
33069

2. Principal Place of Business

3. Mailing Address

19292 WEST INDIES LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TEQUESTA, FL

4. FEI Number

65-1053388

Applied For

Not Applicable

Zip

Country

Zip

Country

33469

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

GIORDANO, RALPH  
1440 SW 31st AVE  
POMPANO BEACH, FL 33069

Name

WILLIAM ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

19292 WEST INDIES LN

City

TEQUESTA

FL

Zip Code

33469

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.

WILLIAM ANDERSON - P

(NOTE: Registered Agent signature required when reinstating)

3/27/01

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P WILLIAM ANDERSON
STREET ADDRESS	19292 WEST INDIES LN
CITY - ST - ZIP	TEQUESTA, FL 33469
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP THOMAS GENESIO
STREET ADDRESS	2310 NE 41 ST
CITY - ST - ZIP	LIGHTHOUSE PT, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V.P. RALPH GIORDANO
STREET ADDRESS	6397 MELISSA WAY
CITY - ST - ZIP	LAKEWORTH, FL 33467
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:

WILLIAM ANDERSON - P

WILLIAM ANDERSON - P

3/27/01

561-575-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)