

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90013 002 ***150.00

DOCUMENT #	P01000034688
1. Entity Name	
A & B Container & Recovery Corporation	

DO NOT WRITE IN THIS SPACE

60013590

2. Principal Place of Business 1708 SW 31st Avenue Suite, Apt. #, etc.		3. Mailing Address 3146 NW 68 Street Suite, Apt. #, etc. Suite No. 1	
City & State Pembroke Park, FL		City & State Fort Lauderdale	
Zip 33009	Country USA	Zip 33309-1206	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0196394		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Gerald Anderson		
	Street Address (P.O. Box Number is Not Acceptable) 5646 Mayo Street		
City Hollywood		FL	Zip Code 33023

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  **Gerald Anderson** **1/12/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Gerald Anderson 5646 Mayo Street Hollywood, Florida 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio member Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE  **Gerald Anderson** **1/12/2007** **(954)987-5553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**