

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 20 PM 4:19

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

700146479717
03/20/09--01021--028 **150.00

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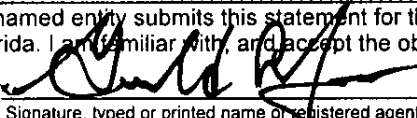
4. FEI Number		Applied For	
65-0196394		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name	
Gerald Anderson	
Street Address (P.O. Box Number is Not Acceptable)	
5646 Mayo Street	
City	Zip Code
Hollywood	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 1/25/2009

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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

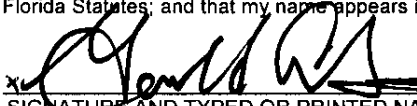
10. OFFICERS AND DIRECTORS

11.

TITLE	President/CEO/Director	TITLE	
NAME	Gerald Anderson	NAME	
STREET ADDRESS	5646 Mayo Street	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Florida 33023	CITY-ST-ZIP	
TITLE	Board Advisor/Ex-officio member	TITLE	
NAME	Clifton H. Rodriguez, MPA, CPA, CIA	NAME	
STREET ADDRESS	3146 NW 68 Street	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33309-1206	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, CEO 1/20/2009 (954)987-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #