## FOR PROFIT CORPORATION

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## May 28, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 05-28-2002 91759 041 \*\*\*150.00 P01000073389 1. Entity Name ONE AND ONE RECYCLING CORPORATION & IMPORT AND EXPORT 673159 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3405 NW 135th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-1134736 Applied For OPA-LOCKA. FLNot Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33054 MIAMI DADE Fee Required 7. Name and Address of Current Registered Agent ALFRED FERGUSON DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1645 NE 160th Street IN THIS SPACE City Zip Code 33162 NORTH MIAMI BEACH 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 ALFRED FERGUSON 5/18/02 gent and title if applicati TE. Hegistered Agent signature required when reinstating) PRESIDENT January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE PRESIDENT / DIRECTOR THE CR2E034B (12/01) NAME ALFRED FERGUSON NAME STREET ADDRESS 1645 E 160th Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP North Miami Beach. FL 33162 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P -TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE 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

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 on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

ND TYPED OR PRINTED HORE ALERED

5/18/02

FILED