2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 07, 2002 8:00 am Secretary of State P01000094543 **DOCUMENT #** 08-07-2002 90197 017 ***150.00 1. Entity Name EAST COAST RECYCLING OF SOUTH FLORIDA, INC. Principal Place of Business Malling Address 010333 1841 LYONS ROAD STE 307 1841 LYONS ROAD STE 307 COCONUT CREEK FL 33063 COCONUT CREEK FL 33063 Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City'& State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUPLER, DAVID S 6950 CYPRESS ROAD STE 101 PLANTATION FL 33317 for the pulipose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE od title if apolicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 🗶 Delete ☐ Change ☐ Addition (9/01) MIQUEL, GEORGE NAME NAME STREET ADDRESS 1841 LYONS ROAD STE 307 CR2E034 STREET ADDRESS **COCONUT CREEK FL 33063** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition UVARI, GERLAD JR NAME 9983 ROYAL CARdigAND NAME P O BOX 970662 STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33097 West Palm B CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition Treccioli, Henry NAME. NAME STREET ADDRESS 6253 INDIAN FOREST CIR STREET ADDRESS CITY-ST-ZIP AKE WOHK FU 33463 CITY-ST-7IP ☐ Defete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2iP CITY-ST-ZIP TITLE Deleta TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 equired by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addre

FILED



Same Day Service

• Roll-Off Container Service

August 5, 20002

Division of Corporations
P.O. Box 1500
Tallahassee Florida 32302-1500

Ref: P01000094543

Dear Sir/Madam

Enclosed is a copy of a letter sent to me and the corrected report and check. I called concerning the lateness of my returning this. This letter was placed in our P.O. Box with the envelope torn and over a month late: I called your office and explained this situation and the person I spoke with said to send a letter along with my paperwork and I wouldn't be charged a late filing fee due to the circumstances:

I thank-you-in advance for your cooperation in this matter

Sincerely,

Henry Merial

Henry Treccioli

Encs:

