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Secretary of State

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109751

1. Entity Name
ALLSTATE METAL RECYCLING, INC.

Principal Place of Business
1985 S.W. 2ND ST
DEERFIELD BEACH, FL 33441

Mailing Address
1985 S.W. 2ND ST
DEERFIELD BEACH, FL 33441

3. Principal Place of Business
Street Apt. #, etc.: 4100 N Powerline Rd - N4
City & State: Pompano Bch
Zip: 33073 County: Broward

3. Mailing Address
Street, Apt. #, etc.:
City & State:
Zip: Country:

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 55-1154929 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHNEIDER, EDWARD
7893 GRANVILLE DR
TAMARAC, FL 33321-8769

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code

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
Signature of new registered agent required if designated in statement. NOTE: Registered agent signature required if designating
DATE

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
PT	SCHNEIDER, EDWARD 7893 GRANVILLE DR TAMARAC, FL 333218769
VPS	SCHNEIDER, DORIS 7893 GRANVILLE DR. FORT LAUDERDALE, FL 33321

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E024 (10/02)

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 10 or Block 11 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE: Edward Schneider 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #