

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90071 023 ***150.00

DOCUMENT # P02000043869

1. Entity Name
RECYCLING & DESIGN CORP.



Principal Place of Business
**4711 SW 74TH AVENUE
MIAMI FL 33155**

Mailing Address
**4711 SW 74TH AVENUE
MIAMI FL 33155**



2. Principal Place of Business
911 RAVEN AVE

3. Mailing Address
911 RAVEN AVE

Suite, Apt. #, etc.
MIAMI SPRINGS

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI SPRINGS FLORIDA

City & State
MIAMI SPRINGS FLORIDA

4. FEI Number
04-3658466

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORRAY, BELA
4711 SW 74TH AVENUE
MIAMI FL 33155**

Name
JULIO BEKER KLEIN

Street Address (P.O. Box Number is Not Acceptable)
911 RAVEN AVE

City
MIAMI SPRINGS - FLORIDA FL

Zip Code
33166

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FORRAY, BELA
4711 SW 74TH AVENUE
MIAMI FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JULIO BEKER KLEIN
911 RAVEN AVE
MIAMI SPRINGS FLORIDA 33166** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2003

Date

305-761-8409

Daytime Phone #

CR2E034 (10/02)