

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90448 043 \*\*\*150.00

0163395 AV

**DOCUMENT # P02000076920**

1. Entity Name  
**UNITED RECYCLING CORP.**



Principal Place of Business  
**5801 WILEY STREET  
HOLLYWOOD FL 33023**

Mailing Address  
**5801 WILEY STREET  
HOLLYWOOD FL 33023**



2. Principal Place of Business  
**5835 Plunkett St.**

3. Mailing Address  
**5835 Plunkett St.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Hollywood FL**

City & State  
**Hollywood FL**

Zip  
**33023**

Country  
**USA**

4. FEI Number  
**22-3859504**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOLOMON, HAROLD**  
**5801 WILEY STREET**  
**HOLLYWOOD FL 33023**

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 \_\_\_\_\_ (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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOLOMON, HAROLD</b>	
STREET ADDRESS	<b>5801 WILEY STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NABIT, MERWIN J</b>	
STREET ADDRESS	<b>5801 WILEY STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASSUCCO, ALBERT JR</b>	
STREET ADDRESS	<b>5801 WILEY STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5835 Plunkett St.</b>	
CITY-ST-ZIP	<b>33023</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5835 Plunkett St.</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5835 Plunkett St.</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Norad A. Plunkett Harold Solomon **4-24-03 954-961-3033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE034 (10/02)