

**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 | D | <input type="checkbox"/> Delete |
| NAME | SOLOMON, HAROLD | |
| STREET ADDRESS | 5801 WILEY STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NABIT, MERWIN J | |
| STREET ADDRESS | 5801 WILEY STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MASSUCCO, ALBERT JR | |
| STREET ADDRESS | 5801 WILEY STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| 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 | 5835 Plunkett St. | |
| CITY-ST-ZIP | 33023 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 5835 Plunkett St. | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 5835 Plunkett St. | |
| 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: 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)