

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 91209 019 ***150.00

DOCUMENT # P02000093149

1. Entity Name
MY RECYCLED, INC.



Principal Place of Business
181 N.W. 97TH AVE #215
MIAMI FL 33172

Mailing Address
181 N.W. 97TH AVE #215
MIAMI FL 33172

2. Principal Place of Business

8600 NW 64TH STREET BAY

3. Mailing Address

8600 NW 64TH STREET BAY

Suite, Apt. #, etc.

#06

Suite, Apt. #, etc.

#06

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33166

Country
DADE

Zip
33166

Country
DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2377222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARARUNA, FRANCISCO J
181 N.W. 97TH AVE #215
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
ARARUNA, FRANCISCO J

Street Address (P.O. Box Number is Not Acceptable)
8600 NW 64TH STREET BAY

#06

City
MIAMI

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, type, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/14/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ARARUNA, FRANCISCO J
181 N.W. 97TH AVE #215
MIAMI FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.P.
ARARUNA, FRANCISCO J
164 WINBLETON LAKE DR
PLANTATION FL. 33324

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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: x SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03

Date

Daytime Phone #

CR2E034 (10/02)