

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020792

1. Entity Name

RECYCLING USA, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90032 034 ***150.00

Principal Place of Business

Mailing Address

10300 WEST ATLANTIC AVE.
DELRAY BEACH FL 33446
US

251 SE 11TH STREET
POMPANO BEACH FL 33060-8835
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3173516

Applied For

Not Applicable

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS SCHRY, JAMES L
CITY-ST-ZIP ~~10300 W. ATLANTIC AVE.~~
~~DELRAY BEACH FL 32825~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 4735 SLAKE DRIVE
CITY-ST-ZIP BOYNTON, BEACH, FL 33436

TITLE ☐ Delete
NAME V
STREET ADDRESS BROWN, JEFFREY M
CITY-ST-ZIP ~~10300 W. ATLANTIC AVE.~~
~~DELRAY BEACH FL 32825~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 750 S. DIXIE HWY
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete
NAME V
STREET ADDRESS WOCHNA, GERALD M
CITY-ST-ZIP ~~10300 W. ATLANTIC AVE.~~
~~DELRAY BEACH FL 32825~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 2095 NW 30 ROAD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME S
STREET ADDRESS RUTHERFORD, CHARLES E
CITY-ST-ZIP ~~10300 W. ATLANTIC AVE.~~
~~DELRAY BEACH FL 32825~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 2600 N. MILITARY TRAIL
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME T
STREET ADDRESS LAVALLE, LARRY L
CITY-ST-ZIP ~~10300 W. ATLANTIC AVE.~~
~~DELRAY BEACH FL 32825~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 110 SW 11TH AVENUE
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES L SCHRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-00
Date

561-738-4577
Daytime Phone #

CR2E034 '9/99