

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014697

1. Entity Name

TIRE RECYCLING SYSTEMS, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90214 037 ***150.00

Principal Place of Business

616 N.W. 2ND AVE.
FT. LAUDERDALE FL 33311

Mailing Address

800 SE THIRD AVE.
STE 301
FT LAUDERDALE FL 33316-1152
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 65-0476585

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LABATE, MARK J
800 SE 3RD AVE
301
FT LAUDERDALE FL 33316

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.

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BOLTON, THOMAS A	
STREET ADDRESS	616 N.W. 2ND AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301 33316	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	LABATE, MARK J	
STREET ADDRESS	800 SE THIRD AVE-#301	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	LABATE, SILVANA D	
STREET ADDRESS	101 NE 3RD AVE SUITE 300	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON, THOMAS A	
STREET ADDRESS	616 NW 2nd Ave	
CITY-ST-ZIP	FT. Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 (954) 728-3466

CR2E034 (9/99)