

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004792

1. Entity Name

ADVANCED RECYCLING & DISPOSAL CORP.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90078 033 ***150.00

Principal Place of Business 8222 WILES RD. SUITE 287 CORAL SPRINGS FL 33067 US	Mailing Address 8222 WILES RD. SUITE 287 CORAL SPRINGS FL 33067-1900 US
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2. Principal Place of Business PMB 200 Suite, Apt. #, etc. 20423 State Rd 7 # F6 City & State Boca Raton, FL	3. Mailing Address PMB 200 Suite, Apt. #, etc. 20423 State Rd 7 # F6 City & State Boca Raton, FL
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DO NOT WRITE IN THIS SPACE

Zip 33498-6797	Country Palm Beach	Zip 33498-6797	Country Palm Beach
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4. FEI Number 65-0557661	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOSS, WILLIAM H
8222 WILES RD.
SUITE 287
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name William H. Moss
Street Address (P.O. Box Number is Not Acceptable) 20423 State Road 7 # F6 PMB 200
City Boca Raton
FL Zip Code 33498-6797

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 William H. Moss DATE 22 March 00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	P COPPOLA, NICHOLAS 8222 WILES RD., SUITE 287 CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOSS, WILLIAM H 8222 WILES RD., SUITE 287 CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PMB 200 20423 State Road 7 # F6 Boca Raton, FL 33498-6797
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP, T, S PMB 200 20423 State Road 7 # F6 Boca Raton, FL 33498-6797
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William H. Moss DATE 22 March 00 954-796-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #