

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90076 021 ***150.00

DOCUMENT # P96000030776

1. Entity Name

SOUTH FLORIDA FIBER RECOVERY, INC.

Principal Place of Business

107 RIDGEWOOD AVE.
CLEWISTON FL 33440
US

Mailing Address

P.O. BOX 2725
CLEWISTON FL 33440
US

2. Principal Place of Business

102 Ridgewood Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3124
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clewiston, FL

City & State

Clewiston, FL

4. FEI Number

65-0664386

Applied For ☒

Not Applicable

Zip

33440

Country

US

Zip

33440

Country

US

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

SANDELLI, MICHAEL S
102 RIDGEWOOD AVE
CLEWISTON FL 33440

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

Michael S. Sandelli *Michael S. Sandelli pres. 1-4-01*
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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	SANDELLI, MICHAEL S	
STREET ADDRESS	102 RIDGEWOOD AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SANDELLI, ALFRED J JR.	
STREET ADDRESS	107 RIDGEWOOD AVE.	
CITY-ST-ZIP	CLEWISTON-FL 33440	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDELLI, ROBERTA F	
STREET ADDRESS	107 RIDGEWOOD AVE.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANDELLI, KAREN A.	
STREET ADDRESS	102 RIDGEWOOD AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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:

Michael S. Sandelli *Pres. 1-4-01 863-902-9753*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Michael S. Sandelli* Daytime Phone #

CR2E034 (10/00)