

2001 UNIFORM BUSINESS REPORT (UBR)

0137361 AB

DOCUMENT # P96000039726

1. Entity Name
AMERICAN RECYCLING & MANUFACTURING CO., INC.

Principal Place of Business
2900 HIGH RIDGE RD
BOYNTON BEACH FL 33426
US

Mailing Address
58 MCKEE RD
ROCHESTER NY 14611
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, ELEANOR
4150 LAKE MIRA DRIVE
ORLANDO FL 32817

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D ☐ Delete
NAME KNAUF, ALAN J
STREET ADDRESS 326 PARK AVENUE
CITY-ST-ZIP ROCHESTER NY 14607

TITLE ☐ Change ☐ Addition
NAME 100004641781-1
STREET ADDRESS -10/18/01--01055--003
CITY-ST-ZIP ****550.00 ****550.00

TITLE D ☐ Delete
NAME SANTIAGO, ARMANDO
STREET ADDRESS 72 FERRIS STREET
CITY-ST-ZIP ROCHESTER NY 14609

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

TITLE D ☐ Delete
NAME MEINDL, JOSEPH A
STREET ADDRESS 20 WINDING BROOK DRIVE
CITY-ST-ZIP FAIRPORT NY 14450

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-01

716-235-2210

Date

Daytime Phone #

CR2E034 (5/01)

APPROVED
AND
FILED

01 OCT -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ef

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0679517
Applied For ☐
Not Applicable ☐

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