

# 2001 UNIFORM BUSINESS REPORT (UBR)

0205565

DOCUMENT # P96000049860

1. Entity Name

A&B RECOVERY RECYCLING RESOURCES, INC.

Principal Place of Business

5101 N.W. 79TH AVENUE  
MIAMI FL 33166  
US

Mailing Address

5101 N.W. 79TH AVENUE  
MIAMI FL 33166  
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 65-0761843

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

BONVECCHIO, ALAIN M  
5101 N.W. 79TH AVENUE  
MIAMI FL 33166

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.

(NOT

Registered Agent's 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 **P** ☐ Delete  
NAME **BONVECCHIO, ALAIN M**  
STREET ADDRESS **5101 N.W. 79TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VP** ☐ Delete  
NAME **BONVECCHIO C., ALAIN**  
STREET ADDRESS **5101 N.W. 79TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **TS** ☐ Delete  
NAME **BONVECCHIO C., ADOLFO H**  
STREET ADDRESS **5101 N.W. 79TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **S** ☐ Delete  
NAME **BONVECCHIO C., ARIANNE B**  
STREET ADDRESS **5101 N.W. 79TH AVENUE 245**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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

4-26-2001

Date

Daytime Phone #

CR2E034 (10/00)

FILED  
01 APR 30 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE