

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009941

1. Entity Name
SOUTH FLORIDA SHREDDING, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90103 009 ***550.00

Principal Place of Business
1500 N.W. 1ST STREET, UNIT D
DANIA FL 33004

Mailing Address
1500 N.W. 1ST STREET, UNIT D
DANIA FL 33004

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 98-0157899

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

REGKNOR, TERRE
1500 NW 1ST,
STE 40
DANIA FL 33004

Name
RONALD DEBARA
Street Address (P.O. Box Number is Not Acceptable)
STE # 10
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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 8/15/00

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 13, 2000 Min. 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 P
NAME BRADY, GREG GREG BROPHY
STREET ADDRESS 2359 ROYAL WINDSUR DR, 15
CITY-ST-ZIP MISSISSANGA ON 1531R ☐ Delete

TITLE
NAME BROPHY, GREG ☒ Change ☐ Addition

TITLE M
NAME RECKINA, TERRE RONALD DEBARA
STREET ADDRESS 150 OCEAN LANE DR, 54
CITY-ST-ZIP KEY-BISCAYNE FL 33149 ☒ Delete

TITLE
NAME DEBARA, RONALD
STREET ADDRESS 11020 SW 42ND CT
CITY-ST-ZIP DAVIE, FL 33328 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00
Date

Daytime Phone #

CR2E034 (5/00)