2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000074465** May 19, 2000 8:00 am **Secretary of State** DELTA RECYCLING CORP. 05-19-2000 90066 041 ***150.00 Principal Place of Business Mailing Address 3300 NW 27TH AVE. 2075 N. POWERLINE ROAD POMPANO BEACH FL 33069-1223 POMPANO BEACH FL 33069 2. Principal Place of Pusiness 3. Mailing Address rower Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0777294 Not Applicable ompano \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MARZANO, PATRICK F Street Address (P.O. Box Number is Not Acceptable) 4900 MA OCEAN BLVD. APT 821 AUDERDALE FL 33308 FL he purpose of changing its registered office or registered agent, or both, in the State of Florida. named entity submits 8. The above SIGNATUR DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 satisfy its Intangible 9. This corporation is eligible 10 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE MARZANO, PATRICK F 2075 N. Powerline Load Pompano Beach, FC 33069 NAME STREET ADDRESS 4900 N. OCEAN BLVD., APT. 821 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Addition TITLE **Delete** NAME MARZANO, FRANK P NAME STREET ADDRESS STREET ADDRESS 16 SUNCREST DRIVE CITY-ST-7IP CITY-ST-ZIP DIX HILLS NY 11746 Change ☐ Addition ☐ Delete TITLE TITLE GREENE, CHARLES D NAME NAME STREET ADDRESS STREET ADDRESS 910 NW 116TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION ACRES FL Dèlēte TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trastee employered 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 of the proposered. SIGNATURE:

Daytime Phone #