

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90016 022 ***158.75

DOCUMENT # P98000039922

1. Entity Name
NATIONWIDE METAL RECYCLING AND PROCESSING, INC.



Principal Place of Business

**9599 NW 87TH AVE
MEDLEY, FL 33178**

Mailing Address

**9599 W 87TH AVE
MEDLEY, FL 33178**

2. Principal Place of Business
9599 N.W. 87th AVE

3. Mailing Address
9599 N.W. 87th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MEDLEY, FL.

City & State
MEDLEY, FL.

Zip
33178-1482

Country

Zip
33178-1482

Country

01072004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0885305

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, MANUEL P
4900 S.W. 195TH TERR
FT LAUDERDALE, FL 33332**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GARCIA, MANUEL P**
STREET ADDRESS **4900 S.W. 195TH TERR**
CITY-ST-ZIP **FT LAUDERDALE, FL 33332**

TITLE **PRES** ☐ Delete
NAME **GARCIA, MANUEL P**
STREET ADDRESS **9599 NW 87TH AVE**
CITY-ST-ZIP **MEDLEY, FL 33178**

TITLE **SECR** ☐ Delete
NAME **GARCIA, MANUEL P**
STREET ADDRESS **9599 NW 87TH AVE**
CITY-ST-ZIP **MEDLEY, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUEL P. GARCIA **01-19-04** **(305) 805.8804**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #