## 2000 UNIFORM BUSINESS REPORT (UBR)

## Sep 12, 2000 08:00 AM DOCUMENT # **P98000093307** 1. Entity Name **Secretary of State** METALICO-FLORIDA, INC. Principal Place of Business Mailing Address 186 NORTH AVENUE EAST 186 NORTH AVENUE EAST CRANFORD CRANFORD NJ 07016 07016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2433489 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE 323012525 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. 09/12/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VΡ N Delete TITLE ☐ Change ☐ Addition LEVINE JEFFERY NAME STREET ADDRESS 186 N. AVE. E. STREET ADDRESS CITY-ST-ZIP CRANFORD 07016 CITY-ST-ZIP TITLE ☐ Delete VPD TITLE VPTD X Change ☐ Addition NAME NAME FINLAYSON ERIC FINLAYSON ERIC STREET ADDRESS 186 N. AVE. E. STREET ACCRESS 186 N. AVE. E. CITY-ST-ZIF CRANFORD FL. 07016 CITY-ST-718 CRANFORD FT. 07016 TITLE ☐ Delete TILE VPD VPSD X Change ☐ Addition NAME DRURY MICHAEL NAME DRURY MICHAEL STREET ADDRESS 186 N. AVE. E. STREET ADDRESS 186 N. AVE. E. CITY-ST-ZIP CRANFORD 07016 CITY-ST-ZIP CRANFORD 07016 TITLE PD ☐ Defete TITLE ☐ Change ☐ Addition NAME AGUERO CARLOS NAME STREET ADDRESS 186 NORTH AVENUE EAST STREET ADDRESS CITY-ST-ZIP CRANFORD 07016 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.

NOMETINE. Michael I Drum