

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90095 041 ***550.00

DOCUMENT # P99000027569

1. Entity Name
S & S RECYCLING, INC.

Principal Place of Business

**5000 WEST 20TH AVE
HIALEAH FL 33010**

Mailing Address

**6117 N.W. 124TH DRIVE
CORAL SPRINGS FL 33076**

2. Principal Place of Business

901 East 10th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite # 33

City & State

Hialeah FL

4. FEI Number **65-0915245**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE



Zip **33010**

Country

DADE

Zip

Country

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

**SALM, CLIFFORD
6117 N.W. 124TH DRIVE
CORAL SPRINGS FL 33076**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/02

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, 2002 Fee 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** ☐ Delete
NAME **SALM, CLIFFORD**
STREET ADDRESS **6117 N.W. 124TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE **VP** ☐ Delete
NAME **KANTROWITZ, NATHAN**
STREET ADDRESS **1520 N.W. 125TH AVE**
CITY-ST-ZIP **SUNRISE FL 33323**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: *Clifford Salm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 (305) 854-4670

CR2E034 (4/02)