

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90046 044 ***150.00

DOCUMENT # P99000036326

1. Entity Name

MAXIMA RECYCLING, INC.

Principal Place of Business

Mailing Address

% FLAVIA DI SUSA
1300 SW 22ND ST., SUITE 303-A
MIAMI FL 33145

% FLAVIA DI SUSA
1300 SW 22ND ST., SUITE 303-A
MIAMI FL 33145-2934

2. Principal Place of Business

3. Mailing Address

1330 SW 22ND ST

1330 SW 22nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 303

SUITE 303

City & State

City & State

MIAMI, FL

MIAMI - FL

Zip

Country

Zip

Country

33145

USA

33145

USA

4. FEI Number

650911896

☒ Applied For

☐ Not Applied

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

DI SUSA, FLAVIA
1300 SOUTHWEST 22ND AVENUE
MIAMI FL 33145

Name

DI SUSA, FLAVIA

Street Address (P.O. Box Number is Not Acceptable)

1330 SW 22nd Ave

City

MIAMI

FL

Zip Code

33145

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **PSTD** ☐ Delete
NAME **DI SUSA, FLAVIA**
STREET ADDRESS **1300 SOUTHWEST 22ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **PSTD** ☒ Change ☐ Add
NAME **DI SUSA, FLAVIA**
STREET ADDRESS **1330 SOUTH WEST 22ND AVE**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Add
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #