

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0129830 AT

DOCUMENT # P99000040402

1. Entity Name  
BUSY BEE RECYCLING, CORP.



FILED

03 OCT 22 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 83  
CHECK HERE IF MAKING CHANGES

Principal Place of Business  
327 S.W. 2 AVE  
FLORIDA CITY FL 33034

Mailing Address  
327 S.W. 2 AVE  
FLORIDA CITY FL 33034

2. Principal Place of Business  
14220 SW 222nd Street

3. Mailing Address  
14220 SW 222nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number 65-0921226

Applied For  
Not Applicable

Zip Country  
33170

Zip Country  
33170

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMEIDA, CARLOS M  
C/O BUSY BEE RECYCLING CORP.  
327 S.W. 2ND AVE  
FLORIDA CITY FL 33034

7. Name and Address of New Registered Agent

Name Juan A. Figueroa, P.A., C.P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
2701 S. Le Jeune Road,  
Suite 310  
City Coral Gables FL Zip Code 33134

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 X *[Signature]* C.P.A.

10/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ALMEIDA, CARLOS M	
STREET ADDRESS	1850 HIBISCUS DR.	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ALMEIDA, MARIA C	
STREET ADDRESS	1850 HIBISCUS DR.	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Almeida, Carlos M.	
STREET ADDRESS	14220 SW 222nd St.	
CITY-ST-ZIP	Miami, Fl. 33170	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Almeida, Maria C.	
STREET ADDRESS	14220 SW 222nd St.	
CITY-ST-ZIP	Miami, Fl. 33170	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X *[Signature]* REQUIRED

X 10/13/03

X 486 367 5260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)