

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084941

1. Entity Name

FUTUREWORLD PLASTIC RECYCLING CORP.

Principal Place of Business
6300 NE 4th AVE.
Miami, Florida 33138

Mailing Address
6300 NE 4th AVE
Miami, Florida 33138

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
2450 SW 137 Avenue
Suite, Apt. #, etc.
226
City & State
Miami, Florida 33175
Zip
33175

Country
USA

4. FEI Number
65-0950922

Applied For
Not Applicable

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

Pessotti, Cesar A.
6300 NE 4th Avenue
Miami, Florida 33138

Name
A&P Registered Agent, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2450 SW 137 Avenue
Suite 226
City, State, Zip Code
Miami, FL 33175

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) ☐

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

None <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T,D Gonzalez, Antonio E. 6300 NE 4th Avenue Miami, Florida 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S,D Pessotti, Cesar A. 6300 NE 4th Avenue Miami, Flofida 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003386054-1 -09/08/00--01003--011 ****550.00 ****550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/29/00 (305) 757-6080

FILED

00 SEP -5 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE