

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L00000003941 . 03 NOV 10 AM 11: 18 1. Entity Name PUBLIC WASTE SERVICES, L.L.C. DO NOT WRITE IN THIS SPACE 100025068621 11/26/03--01024--022 **50.00 3. Mailing Address 2. Principal Place of Business 520 N.W. 7th Street P.O. Box 17047 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-1011181 Not Applicable %%&State auderdale, FL Plantation, \$5.00 Additional Country 5. Certificate of Status Desired Country Broward Fee Required 33318 Broward Zip 333311 7. Name and Address of Current Registered Agent Lamont & Neiman, P.A. Street Address (P.O. Box Number is Not Acceptable)
One Biscayne Tower, Suite 3550 DO NOT WRITE IN THIS SPACE Two South Biscayne Boulevard s 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 8. The above named entity submits the obligations of registered a Jan S. Neiman, Secretary FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS CR2E083B (12/02 9. MLE TITLE MGR CASCIONE, NICHOLAS, JR. NAME NAME 1001 South Southlake Drive STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP Hollywood, Florida 33019 CITY-ST-ZIP TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME DO NOT WRITE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIE IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-70P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accluse and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 954-349-4735

FILED