

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

0171882 AN

04-18-2003 90224 023 \*\*\*150.00

**DOCUMENT #** P02000007567

1. Entity Name  
WORLD WASTE SERVICES, INC.



Principal Place of Business  
16280 NW 9TH DRIVE  
PEMBROKE PINES FL 33028

Mailing Address  
16280 NW 9TH DRIVE  
PEMBROKE PINES FL 33028



2. Principal Place of Business  
4701 NW 35th Ave

3. Mailing Address  
4701 NW 35th Ave

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33142

Country

4. FEI Number  
01-0586987

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

KASS, MARK E ESQ.  
1497 NW 7TH STREET  
MIAMI FL 33125

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	D	<input type="checkbox"/> Delete
NAME	SAROZA, MARTHA	
STREET ADDRESS	16280 NW 9TH DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAROZA, Robert +	
STREET ADDRESS	16280 NW 9th Drive	
CITY-ST-ZIP	Pembroke Pines FL 33028	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, Michael	
STREET ADDRESS	4701 NW 35th Ave	
CITY-ST-ZIP	Miami FL 33142	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Raul	
STREET ADDRESS	4701 NW 35th Ave	
CITY-ST-ZIP	miami FL 33142	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marzano, Angelo	
STREET ADDRESS	4701 NW 35th Ave	
CITY-ST-ZIP	Miami FL 33142	
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:**  **SIGNATURE REQUIRED**

DATE: 2/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CFR20034 (10/02)