

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90003 028 ***158.75

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1. Entity Name
METRO MIX OF SOUTH FLORIDA, INC.

Principal Place of Business
2000 N.W. 110th AVENUE
MIAMI, FLORIDA 33172

Mailing Address
SAME

00060812

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

City & State

4. FEI Number
65-0731652

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE, FLORIDA 32311

7. Name and Address of New Registered Agent

Name
NO CHANGE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

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

TITLE	D/T	☐ Delete
NAME	MARTIN OZINGA, III	
STREET ADDRESS	12621 W. HADLEY ROAD	
CITY-ST-ZIP	LOCKPORT, ILLINOIS 60441	
TITLE	D/S	☐ Delete
NAME	RICHARD K. OZINGA	
STREET ADDRESS	14319 BLUE-SPRUCE COURT	
CITY-ST-ZIP	ORLAND PARK, ILLINOIS 60467	
TITLE	D	☐ Delete
NAME	JAMES A. OZINGA	
STREET ADDRESS	8139 ELIZABETH AVENUE	
CITY-ST-ZIP	ORLAND PARK, ILLINOIS 60467	
TITLE	D/P	☐ Delete
NAME	JOSE F. DIAZ	
STREET ADDRESS	3425 S.W. 128th AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33175	
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(f), 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: *Richard K. Ozinga*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
RICHARD K. OZINGA, DIRECTOR

4/5/00 (708) 403-1200, EXT. 500
Date **Prepare Form 8**

CP2E034 (8/99)