


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90023 028 \*\*\*158.75

DOCUMENT # 566381  
1. Entity Name  
BIO MEDICAL WASTE SERVICES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8085 N.W. 64 ST.  
Suite, Apt. #, etc.  
15A4 #5  
City & State  
MIAMI, FL

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
City & State  
Zip  
33166 Country  
MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number  
05-0271958

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

Applied For  
Not Applicable

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
George Diaz, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
9211 SUNSET DR. #10K  
City  
MIAMI, FL 33173

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT RAFAEL J. AGUILAR 14437 S.W. 12 LANE MIAMI, FL 33184</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE-PRESIDENT JUAN C. AGUILAR, M.D. 8265 S.W. 2 ST. MIAMI, FL 33144</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Rafael J. Aguilar RAFAEL J. AGUILAR 04-30-03 305-599-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)