

DOCUMENT # 188204

1. Entity Name

MIAMI WASTE PAPER CO INC

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90013 012 ***150.00

Principal Place of Business

Mailing Address

2120 N.W. 14TH AVE.
P.O. BOX 420854
MIAMI FL 33142

2120 N.W. 14TH AVE.
P.O. BOX 420854
MIAMI FLA 33142-7710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0761602

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KOPSTEIN,ROY
2120 NW 14TH AVE
MIAMI FL

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.

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)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

TITLE PD
NAME KOPSTEIN,ROY
STREET ADDRESS 2025 S.W. 13TH AVE
CITY-ST-ZIP MIAMI FL



TITLE D
NAME KOPSTEIN,SADIE
STREET ADDRESS 2025 S.W. 13TH AVE
CITY-ST-ZIP MIAMI FL



TITLE D
NAME NOVAS,BETTY
STREET ADDRESS 9750 S.W. 19TH ST.
CITY-ST-ZIP MIAMI FL



TITLE
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STREET ADDRESS
CITY-ST-ZIP



TITLE
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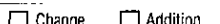
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 all other like empowered.

SIGNATURE:

ROY KOPSTEIN

1/25/00

(305) 325-0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #