

2000 UNIFORM BUSINESS REPORT (UBR)

261096

DOCUMENT # 279946
 1. Entity Name Waste Management, Inc. of Florida

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY 11 PM 1:35

Principal Place of Business Mailing Address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1001 Fannin
 Suite, Apt. #, etc. Suite 4000
 City & State Houston TX
 Zip 77002 Country USA

3. Mailing Address 1001 Fannin
 Suite, Apt. #, etc. Suite 4000
 City & State Houston TX
 Zip 77002 Country USA

4. FEI Number 59-1094518 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ (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	
TITLE <u>President</u>	<input type="checkbox"/> Delete
NAME <u>Miller Mathews</u>	
STREET ADDRESS <u>1001 Fannin Ste 4000</u>	
CITY-ST-ZIP <u>Houston TX 77002</u>	
TITLE <u>Secretary & Sole Director</u>	<input type="checkbox"/> Delete
NAME <u>Bryan S. Blankfield</u>	
STREET ADDRESS <u>1001 Fannin Ste 4000</u>	
CITY-ST-ZIP <u>Houston TX 77002</u>	
TITLE <u>Treasurer</u>	<input type="checkbox"/> Delete
NAME <u>Ronald Jones</u>	
STREET ADDRESS <u>1001 Fannin Ste 4000</u>	
CITY-ST-ZIP <u>Houston TX 77002</u>	
TITLE <u>Vice President</u>	<input type="checkbox"/> Delete
NAME <u>Robert Simpson</u>	
STREET ADDRESS <u>1001 Fannin Suite 4000</u>	
CITY-ST-ZIP <u>Houston TX 77002</u>	
TITLE _____	<input type="checkbox"/> Delete
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	

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*****7650.00 ***150.00**

AS 5/25

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: Robert G. Simpson Robert G. Simpson 4/19/2000 7135126504
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *