

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/5/00

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90027 028 \*\*\*150.00

**DOCUMENT # 275497**

Entity Name

**GENERAL HAULING SERVICE, INC.**

Principal Place of Business

Mailing Address

140 N.W. 21ST ST.  
 P.O. BOX 420854  
 FL 33142

1440 N.W. 21ST ST.  
 P.O. BOX 420854  
 MIAMI FL 33142-7730

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1038409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, MARTIN**  
**1440 NW 21 ST**  
**MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

1. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
STREET ADDRESS	GOLDBERG, MARTIN	
CITY-STATE-ZIP	2120 N.W. 14TH AVE. MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	GOLDBERG, RUTH	
CITY-STATE-ZIP	2120 N.W. 14TH AVE. MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
STREET ADDRESS	BUSH, BARRY H.	
CITY-STATE-ZIP	1440 N.W. 21ST ST. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)