FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State

DOCUMEN 1. Entity Name AMERICA SEPTIC				ס	Secretary (05-16-2002 90061 (
		IN THIS S	PAC	CE		
Principal Place of Bus 15362 SW 36TH	3. Mailing Address					
Suite, Apt. #, etc.		15362 SW 36TH TERRACE Suite, Apt. #, etc.		CE	DO NOT WRITE IN THIS SPACE	
City & State MIAMI FL,	City & State MIAMI FL,			4. FEI Number 59–1607288	Applied For Not Applicable	
Zip 33185	Country USA	Zip Country 33185 USA			5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7.	Name and Address of Current Registered	
DO NOT WRITE				Name JOSE A. DE CASTRO Street Address (P.O. Box Number is Not Acceptable) 15362 SW 36TH TERRACE		
IN THIS SPACE						
8 The shape				CHIAMI	FL	Zip Code 33185
SIGNATURE					agent, or both, in the State of Florida.	
	or printed name of registered agent a			d Agent signature required who	en reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fe After May 1, Fee is Amended UBR is Make Check Payable to De			s \$550.00 s \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS	1	-		

JOSE A. DE CASTRO 15362 SW 36TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL, 33185 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 (20 Bos) &

BOS) 591-8928.

CR2E034B (12/01)