## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 694028 Apr 06, 2000 8:00 am Secretary of State BEVERLY HILLS WASTE MANAGEMENT CORPORATION 04-06-2000 90035 023 \*\*\*150.00 Mailing Address Principal Place of Business P.O.BOX 640001 1 BEVERLY HILLS BLVD P.O. BOX 640001 **BEVERLY HILLS FL 34665** BEVERLY HILLS FL 34464-0001 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2103988 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RONALD J. COLLINS Street Address (P.O. Box Number is Not Acceptable) 3 BEVERLY HILLS BLVD **BEVERLY HILLS FL 131C** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition **PSTD** ☐ Delete TITLE TITLE COLLINS, RONALD NAME NAME STREET ADDRESS 3 BEVERLY HILLS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS FL 34465** Addition ☐ Change TITLE De'ete TITLE NAME MILLER, DALE R. NAME STREET ADDRESS 3 BEVERLY HILLS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS FL 34465** ☐ Change Addition ☐ Delete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP