# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001021

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -4 PM 1:33

1. Entity Name

SOUTHERN WASTE SYSTEMS, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 520 SOUTH BEACH ROAD<br>HOBE SOUND FL 33455 | 520 SOUTH BEACH ROAD<br>HOBE SOUND FL 33455-2801 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 10191 WEST SAMPLE ROAD | 10191 WEST SAMPLE ROAD |
| Suite, Apt. #, etc.<br>SUITE #205-B | Suite, Apt. #, etc.<br>SUITE #203-B |
| City & State<br>CORAL SPRINGS, FL | City & State<br>CORAL SPRINGS, FL |
| Zip / Country<br>33065 / BROWARD | Zip / Country<br>33065 / BROWARD |

4. FEI Number 65-0931538 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $2,000.00 | | |

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | LOMANGINO, ROBERT<br>520 SOUTH BEACH ROAD<br>HOBE SOUND FL 33455 | STREET ADDRESS<br>CITY-ST-ZIP | 300003292113--9<br>-06/15/00--01106--013<br>****141.25 ****141.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | GUSMANO, CHARLES<br>520 SOUTH BEACH ROAD<br>HOBE SOUND FL 33455 | STREET ADDRESS<br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** x Robert Lomangino REQUIRED x 2/11/00 x 954-275-0843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #