2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001021

1. Entity Name

SOUTHERN WASTE SYSTEMS, LTD.

FILED
01 MAR 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10191 W. SAMPLE RD., SUITE 205-B CORAL SPRINGS FL 33065	10191 W. SAMPLE RD., SUITE 205-B CORAL SPRINGS FL 33065
2. Principal Place of Business: 790 Hillbrath DRIVE	3. Mailing Address: 790 Hillbrath DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lantana, FL 33462	City & State: Lantana FL
Zip: 33462 Country: USA	Zip: 33462 Country: USA

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 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 #	P00000010352	STREET ADDRESS	
NAME	BCA HOLDING CORP.		
STREET ADDRESS	520 SOUTH BEACH ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	HOBE SOUND FL 33455		
DOCUMENT #		STREET ADDRESS	
NAME			
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CR2E003 (11/00)

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: SIGNATURE REQUIRED ______ 3/6/01 (561)582-6688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #