2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # F01000005189 1. Entity Name NATIONAL ENVIRONMENTAL WASTE SERVICES, INC. 02-13-2002 90288 038 ***150.00 Principal Place of Business Mailing Address 479 ROUTE 79 SUITE B3 PO BOX 370 MORGÁNVILLE NJ 07751 MORGANVILLE NJ 07751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-3587428 Not Applicable Zip 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 ALOIA, FRANK S Street Address (P.O. Box Number is Not Acceptable) 75 S.E. 4TH AVENUE **DELRAY BEACH FL 33483** City 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. (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME **ALOIA, FRANK S** NAME STREET ADDRESS STREET ADDRESS 200 W. COCONUT PALM RD. CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME COSTA, WESLEY STREET ADDRESS STREET ADDRESS **49 CLAY STREET** CITY-ST-ZIP CITY-ST-7IP MILLTOWN NJ 08850 Change ☐ Addition ☐ Delete TITLE TITLE Heyder, John 315 Walnut Street NAME NAME HEYDER, JOHN STREET ADDRESS STREET ADDRESS 271 COUNTRY CLUB LANE CITY-ST-ZIP CITY-ST-7IP SCOTCH PLAINS NJ 07076 M 07027 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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 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.

ND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED