

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003942

1. Entity Name

ECO WASTE TRANSFER & RECYCLING, L.L.C.

FILED

01 MAR -5 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1899 S.W. 31ST AVENUE
PEMBROKE PARK FL 33309

Mailing Address

1899 S.W. 31ST AVENUE
PEMBROKE PARK FL 33309

2. Principal Place of Business

3. Mailing Address

P.O. Box 17047

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION, FLA.

4. FEI Number

65-1011204

Applied For

Not Applicable

Zip

Country

Zip

33318

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINAGRA, FRANK J

100 S.E. 3RD AVENUE

FORT LAUDERDALE FL 33394

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003888619--9
-03/20/01--01086--010
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / ~~MANAGING~~ MEMBER
NICHOLAS CASCIONE JR.
12260 SW 2 ST.
PLANTATION, FLA. 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EXECUTIVE PRESIDENT
MANAGING MEMBER
ALBERT PANZARIELLA
3145 WILLOW LANE
WESTON, FLA. 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ALBERT PANZARIELLA EXEC. U.P. 2/1/01 954-349-4725

CR2E083 (11/00)