

AMENDED

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 11:18

DOCUMENT # L00000003942

1. Entity Name

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

520 N.W. 7th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 17047

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Plantation, FL

Zip  
33311

Country

Broward

Zip

33318

Country

Broward

4. FEI Number

65-1011204

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lamont & Neiman, P.A.

Street Address (P.O. Box Number is Not Acceptable)

One Biscayne Tower, Suite 3550

Two South Biscayne Boulevard

City

Miami

FL

Zip Code  
33131

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Jan S. Neiman, Secretary

10/30/03  
DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CASCIONE, NICHOLAS, JR.  
1001 South Southlake Drive  
Hollywood, Florida 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

Nicholas Cascione, Jr., Manager

10/30/03  
Date

954-349-4735  
Daytime Phone #

CR2E083B (12/02)