

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

02-26-2002 90011 027 \*\*\*\*50.00

18616



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000005523  
1. Entity Name  
SOLID WASTE MARKETING SERVICES, L.L.C.

Principal Place of Business: 70 SOUTHEAST FOURTH AVENUE, DELRAY BEACH FL 33483  
Mailing Address: 70 SOUTHEAST FOURTH AVENUE, DELRAY BEACH FL 33483

2. Principal Place of Business: 495 NE 4th St., Suite # 4, Delray Beach FL  
3. Mailing Address: 495 NE 4th Street, Suite # 4, Delray Bch. FL

4. FEI Number: 47-0849413  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: SOVIERO, ANTHONY C, 70 SOUTHEAST FOURTH AVENUE, DELRAY BEACH FL 33483  
7. Name and Address of New Registered Agent: Anthony C. Soviero, 495 NE 4th Street, Suite # 4, Delray Beach FL 33483

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] DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME: M. A. WITZEL STREET ADDRESS: Anthony C. Soviero CITY-ST-ZIP: 495 NE 4th St, Suite # 4, Delray Beach FL 33483	<input type="checkbox"/> Delete	TITLE NAME: Anthony C. Soviero STREET ADDRESS: 495 NE 4th St. CITY-ST-ZIP: Suite # 4 Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied in 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] SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CPRE083 (9/01)