

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85460

1. Entity Name

SAFETY DISPOSAL SYSTEM, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90127 003 \*\*\*158.75

Principal Place of Business

Mailing Address

6175 N.E. 153 STREET  
SUITE 324  
MIAMI LAKES FL 33014

6175 N.E. 153 STREET  
SUITE 324  
MIAMI LAKES FL 33014-2443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0264852

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

STAUBER, DANIEL A.  
6175 N.E. 153 STREET  
SUITE 324  
MIAMI LAKES FL 33014

Name

Ross M. Johnston

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

Med/Waste, Inc.

6175 NW 153 St., Suite #324

City

Miami Lakes,

FL

Zip Code

33014

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 Ross M. Johnston, V.P.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Ross M. Johnston, V.P.* 4/18/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD ☐ Delete  
NAME MAS, GEORGE  
STREET ADDRESS 6175 NW 153 STREET, SUITE 324  
CITY-ST-ZIP MIAMI LAKES FL 33014

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

TITLE DP ☒ Delete  
NAME STAUBER, DANIEL A  
STREET ADDRESS 6175 N.E. 153 STREET, SUITE 324  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE VPce President ☐ Change ☒ Addition  
NAME Johnston, Ross M.  
STREET ADDRESS 6175 NW 153 St., Suite #324  
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE DEVP ☒ Delete  
NAME CAMPOS, CARLOS  
STREET ADDRESS 6175 N.E. 153 STREET, SUITE 324  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE DP ☒ Change ☐ Addition  
NAME Campos, Carlos  
STREET ADDRESS 6175 NW 153 St., Suite #324  
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE S ☐ Delete  
NAME BAUMAN, BRYAN  
STREET ADDRESS 1200 BRICKELL AVENUE, SUITE 1720  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carlos Campos, President* 3-19-00 305-819-8877

Date

Daytime Phone #

CR2E034 (9/99)