FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am **DÖCUMENT # L85460 Secretary of State** 1. Entity Name SAFETY DISPOSAL SYSTEM, INC. 02-13-2001 90094 001 ***317.50 Principal Place of Business Mailing Address 6175 N.E. 153 STREET 6175 N.E. 153 STREET 25879 SUITE 324 SUITE 324 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0264852 Not Applicable ≁Zip Country -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Johnston, Ross M.</u> JOHNSTON, ROSS M Street Address (P.C. Box Number is Not Acceptable) 24 6175 N.E. 153 STREET SUITE 324 MIAMI LAKES FL 33014 33614 Miami Lakes 8. The above narged entity submits this statement for the purpose of changing ite registered office or registered agent, or both, in the State of Florida 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change TITLE ☐ Addition NAME MAS, GEORGE NAME STREET ADDRESS STREET ADDRESS 6175 NW 153 STREET, SUITE 324 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE TITLE SZ Delete Johnston, Ross M. NAME JOHNSTON, ROSS M NAME STREET ADDRESS STREET ADDRESS 6175 N.E. 153 STREET, SUITE 324 6175 NW, 153 Street, Suite #324 CITY-ST-ZIP CITY-ST-ZIP** Miami Lakes, FL 33014 MIAMI LAKES FL 33014 TITLE Detete DP Campos, Carlos NAME CAMPOS, CARLOS NAME 6175 NW 153 Street, Ste #324 STREET ADDRESS 6175 N.E. 153 STREET, SUITE 324 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI LAKES FL 33014 Miami Lakes, FL 33014 TITLE Delete TITLE Change Addition BAUMAN, BRYAN NAME NAME STREET ADDRESS 1200 BRICKELL AVENUE, SUITE 1720 STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP MIAMI FL 33131 TITLE Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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.

ROSS M. Johnston, V.P. 02/07/01 305