

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

DOCUMENT #. L98000003235

1. Entity Name

ALLIED WASTE HAULING, L.C.

FILED

02 AUG 16 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600007228546--7
-08/20/02--01049--010
****100.00 ****100.00

2. Principal Place of Business

9960 N.W. 116TH WAY

Suite, Apt. #, etc.

13

3. Mailing Address

9960 N.W. 116TH WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MEDLEY, FLORIDA

Zip
FL 33178

Country
USA

City & State

MEDLEY, FLORIDA

Zip
33178

Country
USA

4. FEI Number

65-0882135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES 3 FERNANDEZ

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

2100 SALZEDO STREET, SUITE 300

City
CORAL GABLES

FL

Zip Code
33134

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.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM, EDUARDO CUSCO
9960 N.W. 116TH WAY, #13
MEDLEY, FLORIDA 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM, RAUL SMITH
9960 N.W. 116TH WAY, #13
MEDLEY, FLORIDA 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM, RAUL O. SOTOLONGO
9960 N.W. 116TH WAY, #13
MEDLEY, FLORIDA 33178**

TITLE
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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)(f), 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

Date

Daytime Phone #

CR2E0838 (12/01)

2df

FILED
02 AUG 16 PM 1:47
ALLIED WASTE HAULUNG, L.C.
DOC.#L98000003235
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER
RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE
THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT
STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE
ANNUAL REPORT .

CORDIALLY,


EDUARDO CUSCO
MGR