

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000996

1. Entity Name

Onyx Environmental Services, L.L.C.

FILED

01 JAN 12 PM 11:04 *zf*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000-01

Principal Place of Business	Mailing Address
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2. Principal Place of Business 700 E Butterfield Road	3. Mailing Address 700 E Butterfield Road
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Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
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City & State Lombard, Illinois	City & State Lombard, Illinois
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Zip 60148	Country USA	Zip 60148	Country USA
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4. FEI Number 36-4287998	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Advanced Environmental Services, L.L.C.
STREET ADDRESS	3225 Aviation Ave., 4th Floor
CITY-ST-ZIP	Miami, Florida 33133

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003890047-1
STREET ADDRESS	-03/21/01--01037--028
CITY-ST-ZIP	*****50.00 *****50.00

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003890047-1
STREET ADDRESS	-03/21/01--01037--028
CITY-ST-ZIP	****105.00 ****105.00

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *George Farr* George Farr 12/1/00

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/199)