

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M99000001047

1. Entity Name
PRISM SANITATION MANAGEMENT, LLC

00 APR 24 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8300 EXECUTIVE CENTER DRIVE MIAMI FL 33166	Mailing Address 8300 EXECUTIVE CENTER DRIVE MIAMI FL 33166-7812
------------------------------------------------------------------------------	-----------------------------------------------------------------------



2. Principal Place of Business		3. Mailing Address 8310 16th STREET (MS 611)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State STURTEVANT WI	
Zip	Country	Zip	Country
		53177	USA

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0923846		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent BELLO, PAULO C/O PRISM 8300 EXECUTIVE CENTER DRIVE MIAMI FL 33166		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 NAME STREET ADDRESS CITY - ST - ZIP	MGR RALEY, J. GARY 312 N VINCENNES CIR RACINE WI 53402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JEFFREY M. HAUFSCILD 8310 - 16th STREET (MS 611) STURTEVANT, WI 53177-0902 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALLEY, W. JOHN 3501 TAYLOR AVE RACINE WI 53405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000003245600--6 -05/09/00--01121--011 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANDES, JOANNE 9130 KENSINGTON WAY FRANKLIN WI 53132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALLEWAERT, DAVID 1906 RAYMOND AVE FRANKSVILLE WI 53126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BELLO, PAULO 8300 EXECUTIVE CENTER DRIVE MIAMI FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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

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:

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

(262) 631-4915

Daytime Phone #

CR2E083 (9/99)