

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114442

1. Entity Name

SOLID WASTE RESOURCES, INC.

Principal Place of Business

BERGER DAVIS & SINGERMANN
200 SOUTH BISCAYNE BLVD., #2950
MIAMI FL 33131

Mailing Address

BERGER DAVIS & SINGERMANN
200 SOUTH BISCAYNE BLVD., #2950
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CAPLAN, FRANKLIN H
BERGER DAVIS & SINGERMANN
200 SOUTH BISCAYNE BLVD., #2950
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, GLEN	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. #2950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	CHAIRMAN	<input type="checkbox"/> Delete
NAME	Miller, Glen	
STREET ADDRESS	c/o 200 S. Biscayne Blvd., #2950	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Miller, Glen	
STREET ADDRESS	c/o 200 S. Biscayne Blvd., #2950	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Miller, Glen	
STREET ADDRESS	c/o 200 S. Biscayne Blvd., #2950	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

GLEN MILLER

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90106 003 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

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