

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90669 027 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

**WASTE BUSTERS INC.**

2400 E. LAS OLAS BLVD., PMB 416  
FT. LAUDERDALE, FL 33301  
954-731-6767

POLO  
✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

FT. LAUDERDALE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

ABOVE

Suite, Apt. #, etc.

City & State

ABOVE

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1095674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SANDRA MOLLOZZI

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

985 SE 22 AVE

City

POMERANO BEACH

FL

Zip Code

33062

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

Sandra Mollozzi - President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES.  
SANDRA MOLLOZZI  
985 SE 22 AVE  
POMERANO BEACH FLA 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SANDRA MOLLOZZI  
985 SE 22 AVE  
POMERANO BEACH FLA. 33062

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Mollozzi PRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-02

Date

954 783 6846

Daytime Phone #

CR2E034B (12/01)