

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91179 040 ***150.00

DOCUMENT # P01000038843

1. Entity Name

ENVIRONMENTAL MANAGMENT SERVICES OF SOUTH FLORIDA INC.

Principal Place of Business
1200 NORTHEAST 48TH STREET
SUITE #3
POMPANO BEACH FL 33064
US

Mailing Address
1200 NORTHEAST 48TH STREET
SUITE #3
POMPANO BEACH FL 33064
US

2. Principal Place of Business

1940 NW 22nd Street
 Suite, Apt. #, etc.

3. Mailing Address

1940 NW 22nd Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach FL
 Zip
33069
 Country

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Pompano Beach FL
 Zip
33069
 Country

4. FEI Number
65-1092034

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICAZIO, MICHAEL J
1641 SOUTH OCEAN DRIVE
FT. LAUDERDALE FL 33316

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 *Michael J. Picazio Pres* **4-26-02**
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PICAZIO, MICHAEL J	
STREET ADDRESS	1641 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *Michael J. Picazio Pres* **4-26-02** **954-590-2102**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)