FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90238 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047389

1. Entity Name
PRICE CUTTERS TRASH REMOVAL AND P-ROCK SALES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
930 WASHINGTON AVENUE	P.O. BOX 370358
Suite, Apt. #, etc.: SECOND FLOUR, SUITE 209A	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State: KEY LARGO, FL
Zip: 33139 Country: USA	Zip: 33037 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1114656 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SCOTT GREENFIELD

Street Address (P.O. Box Number is Not Acceptable): 930 WASHINGTON AVENUE SECOND FLOUR SUITE 209A

City: MIAMI, FL Zip Code: 33139

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, type or print name of registered agent and title if applicable) (NOTE: Registered Agent's 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)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	RAUL CASTRO
STREET ADDRESS	14830 NARANJA LAKES BLVD. #2H
CITY-ST-ZIP	HOMESTEAD FL 33032
TITLE	SECRETARY
NAME	AMANA CASTRO
STREET ADDRESS	14830 NARANJA LAKES BLVD #2H
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: RAUL CASTRO 4/1/02 305-295-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #