

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90175 034 ***150.00

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DOCUMENT # P01000047389

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



Principal Place of Business
**930 WASHINGTON AVENUE
SECOND FLOOR
MIAMI FL 33139**

Mailing Address
**PO BOX 370358
KEY LARGO FL 33037**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
86550 Overseas Highway
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 370358
Suite, Apt. #, etc.

City & State
Islamorada, FL
Zip
33037
Country
WA

City & State
Key Largo, FL
Zip
33037
Country
USA

4. FEI Number
65-1114656

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENFIELD, SCOTT
930 WASHINGTON AVE
SECOND FLOOR SUITE 209A
MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CASTRO, RAUL
14830 NARANJA LACES BLVD 2H
HOMESTEAD FL 33032** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CASTRO, AMAYA
14830 NARANJA LACES BLVD 2H
HOMESTEAD FL 33032** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 (305) 295-0909
Date Daytime Phone #

CR2E034 (10/02)