

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
 02-07-2002 90295 013 ***150.00

CR 2E034 (9/01)

DOCUMENT # P01000051440

1. Entity Name
INTEGRAL SANITARY SOLUTIONS, INC.

Principal Place of Business

9547 SW 59TH TERRACE
MIAMI FL 33173

Mailing Address

9547 SW 59TH TERRACE
MIAMI FL 33173

2. Principal Place of Business

3835 NW 32 Ave
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 402 444
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami Beach FL

4. FEI Number

65-1113050

Applied For

Not Applicable

Zip

33142

Country

US

Zip

33140

Country

US

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALACIO, GLADYS
9547 SW 59TH TERRACE
MIAMI FL 33173

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, 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

TITLE **D** ☐ Delete
NAME **PALACIO, GLADYS**
STREET ADDRESS **9547 SW 59TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete
NAME **ALLENGER, ALICA**
STREET ADDRESS **9651 LITTLE RIVER BLVD**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

[Signature] 305/637-0038 1/18/02