


AMEND

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 12 PM 1:41

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060491			
1. Entity Name INDUSTRIAL WASTE SYSTEMS, INC.			
Principal Place of Business 14960 S. SPUR DR MIAMI, FL 33161		Mailing Address PO BOX 138122 MIAMI, FL 33163	
2. Principal Place of Business 3500 NW 51 ST.		3. Mailing Address SAME	
City & State MIAMI, FL		City & State SAME	
Zip 33142		Country USA	
4. FEI Number 27-0007489		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOYNAZ, JOSE 14960 S. SPUR DR #20 MIAMI BEACH, FL 33154		7. Name and Address of New Registered Agent Name: RODOLFO BUSTAMANTE Street Address (P.O. Box Number is Not Acceptable): 3500 NW 51 ST. City: MIAMI FL Zip Code: 33142	
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: <i>Rodolfo Bustamante</i> DATE: 08/11/03			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input checked="" type="checkbox"/> Delete NAME: LOYNAZ, JOSE STREET ADDRESS: 14960 S. SPUR DR CITY-ST-ZIP: MIAMI, FL 33161	TITLE: PRESIDENT / TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: RODOLFO BUSTAMANTE STREET ADDRESS: 3500 NW 51 ST. CITY-ST-ZIP: MIAMI, FL 33142	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 40002296594 STREET ADDRESS: 09/11/03--01054--002 CITY-ST-ZIP: ***61.25	TITLE: VICE PRES / SECT. NAME: REGINA VILANUEVA STREET ADDRESS: 14960 S. SPUR DR. CITY-ST-ZIP: MIAMI, FL 33161
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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, as otherwise empowered.			
SIGNATURE: <i>Rodolfo Bustamante</i>		DATE: 8/11/03 (305)634-2749	

FORM 2003 (10/02)