

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063627

1. Entity Name

EASTERN WASTE SERVICES, INC.

Principal Place of Business

1101 E. NEWPORT CENTER DRIVE
PENTHOUSE B
DEERFIELD BEACH FL 33442

Mailing Address

1101 E. NEWPORT CENTER DRIVE
PENTHOUSE B
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1115820

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

WEINBERG, DANIEL J

1101 E. NEWPORT CENTER DRIVE
PENTHOUSE B
DEERFIELD BEACH FL 33442

Name

Dominick Marzano

Street Address (P.O. Box Number is Not Acceptable)

1101 E. Newport Center Drive

Suite 103

Deerfield Beach

FL

Zip Code 33442

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)

02-12-02

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 \$ \$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 NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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 OF REGISTERED AGENT

02-12-02

Date

Expiry Date

CR2E034 (9/01)