

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38441

1. Entity Name

MED/WASTE, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90546 039 \*\*\*150.00

Principal Place of Business	Mailing Address
6175 NW 153RD ST STE 324 MIAMI LAKES FL 33014 US	6175 N.W. 153 ST. SUITE 324 MIAMI LAKES FL 33014-2443 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0297759** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

XXXXXX  
 STAUBER, DANIEL  
 6175 NW 153 STREET  
 SUITE 324  
 MIAMI LAKES FL 33014

Name  
 Ross M. Johnston

Street Address P.O. Box Number, Not Accepted  
 6175 NW 153 Street, Suite 324

City  
 Miami Lakes

FL

Zip Code  
 33014

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 Ross M. Johnston Ross M. Johnston, Vice President 4/27/2000  
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STAUBER, DANIEL	
STREET ADDRESS	6175 NW 153 ST., STE. 324	
CITY-ST-ZIP	MIAMI LAKES FL 33015	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Campos	
STREET ADDRESS	6175 NW 153 Street, Suite 324	
CITY-ST-ZIP	Miami Lakes, FL 33014	

TITLE	D	<input type="checkbox"/> Delete
NAME	DOLAN, WILLIAM DR	
STREET ADDRESS	4704 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross M. Johnston	
STREET ADDRESS	6175 NW 153 Street, Suite 324	
CITY-ST-ZIP	Miami Lakes, FL 33014	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, ARTHUR	
STREET ADDRESS	524 ARTHUR GODFREY RD.	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Hailey	
STREET ADDRESS	6175 NW 153 Street, Suite 324	
CITY-ST-ZIP	Miami Lakes, FL 33014	

TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, MILTON J	
STREET ADDRESS	1200 BRICKELL AVE STE 1720	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kendrick Meek	
STREET ADDRESS	6175 NW 153 Street, Suite 324	
CITY-ST-ZIP	Miami Lakes, FL 33014	

TITLE	AS	<input type="checkbox"/> Delete
NAME	BAUMAN, BRYAN	
STREET ADDRESS	1200 BRICKELL AVE STE 1720	
CITY-ST-ZIP	MIAMI FL 3313	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Simons	
STREET ADDRESS	6175 NW 153 Street, Suite 324	
CITY-ST-ZIP	Miami Lakes, FL 33014	

TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	CAMPOS, CARLOS	
STREET ADDRESS	6174 N.W. 153 ST., STE. 324	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Carlos Campos, President 4/27/00 305/819-8877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)