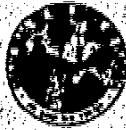


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P39912 (1)

1. Corporation Name

UNIVERSAL WASTE & TRANSIT, INC.

Principal Place of Business

**3400 E. LAFAYETTE STREET
DETROIT MI 48207**

Mailing Address

**3400 E. LAFAYETTE STREET
DETROIT MI 48207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/04/1992

3a. Date of Last Report

04/27/1994

4. FEI Number

38-2056600

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 9280 Bay Plaza Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite #707

27 Suite, Apt. #, etc.

23 Tampa FL

28 City & State

24 33619

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE CPD
NAME SOAVE, ANTHONY
STREET ADDRESS 3400 EAST LAFAYETTE
CITY - ST - ZIP DETROIT MI**

**TITLE VD
NAME LEVIN, YALE
STREET ADDRESS 3400 EAST LAFAYETTE
CITY - ST - ZIP DETROIT MI**

**TITLE VD
NAME SAPUTO, PETER C.
STREET ADDRESS 3400 EAST LAFAYETTE
CITY - ST - ZIP DETROIT MI**

**TITLE V
NAME PIESKO, MICHAEL L
STREET ADDRESS 3400 EAST LAFAYETTE
CITY - ST - ZIP DETROIT MI**

**TITLE VS
NAME MANCZAK, RICHARD P.
STREET ADDRESS 3400 EAST LAFAYETTE
CITY - ST - ZIP DETROIT MI**

**TITLE T
NAME MCCARTHY, TIMOTHY J.
STREET ADDRESS 3400 EAST LAFAYETTE
CITY - ST - ZIP DETROIT MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Exec V; D



Change



Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Exec V; D



Change



Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE



Change



Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE



Change



Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE



Change



Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Northam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

(313) 567-4700