

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070163

1. Corporation Name

GALAXY DUMP TRUCKING, INC.

Principal Place of Business

2992 NW 95TH TERR
MIAMI FL 33147
US

Mailing Address

880 W 50TH PLACE
HIALEAH FL 33012

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90011 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1993

4. FEI Number

65-0438133

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

1597 X WEST 76 ST.

2a. Mailing Address

1597 WEST 76 ST.

Suite, Apt. #, etc.

HIALEAH, FL. 33014

Suite, Apt. #, etc.

HIALEAH, FL. 33014

City & State

HIALEAH, FL. 33014

City & State

HIALEAH, FL. 33014

Zip

33014

Country

MIAMI-DADE

Zip

33014

Country

MIAMI-DADE

9. Name and Address of Current Registered Agent

LOPEZ, ANGEL
880 W 50TH PLACE
HIALEAH FL 33012

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 reinstating)

DATE

03-27-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PTS**
STREET ADDRESS **VILDA, ERNESTO**
CITY-ST-ZIP **2992 NW 95TH TERRACE**
MIAMI FL 33147

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **RODRIGUEZ, ENEROLISA**
CITY-ST-ZIP **2992 NW 95 TERR.**
MIAMI FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PTS**
1.3 STREET ADDRESS **VILDA ERNESTO**
1.4 CITY-ST-ZIP **1597 WEST 76 ST.**
HIALEAH, FL. 33014

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **T**
2.3 STREET ADDRESS **RODRIGUEZ ENEROLISA**
2.4 CITY-ST-ZIP **1597 WEST 76 ST.**
HIALEAH, FL. 33014

3.1 TITLE ☐ 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 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 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, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3-27-98 (305) 231-9471

Date

Daytime Phone #

CR2E034 (1/98)