

DOCUMENT # 093 0000 74788

1. Entity Name

BEDMINISTER SEACOR SERVICES MIAMI CORP.

Principal Place of Business

Mailing Address

C/O COMPOST AMERICA HOLDING COMPANY, INC.
ONE GATEWAY CENTER, 25TH FLOOR
NEWARK NJ 07102C/O COMPOST AMERICA HOLDING COMPANY, INC.
ONE GATEWAY CENTER, 25TH FLOOR
NEWARK NJ 07102

% Phoenix Waste Services Co., Inc.

2. Principal Place of Business

60 Park Place

3. Mailing Address

60 Park Place

Suite, Apt. #, etc.

Suite 509

Suite, Apt. #, etc.

Suite 509

City & State

Newark, NJ

City & State

Newark, NJ

Zip

07102

Country

USA

Zip

07102

Country

USA

4. FEI Number

65-0693539

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

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

Name

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

City

FL

Zip Code

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.

(NOT E-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, 2001 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	PTCD	<input checked="" type="checkbox"/> Delete
NAME	TUTTLE, ROGER	
STREET ADDRESS	ONE GATEWAY CENTER, 25TH FLOOR	
CITY-STATE-ZIP	NEWARK NJ 07102	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DILEO, PATRICK	
STREET ADDRESS	ONE GATEWAY CENTER, 25TH FLOOR	
CITY-STATE-ZIP	NEWARK NJ 07102	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, G. CHRIS	
STREET ADDRESS	1130 AVE. OF THE AMERICAS, 36TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY 10019	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	Pres and Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marvin H. Roseman	
STREET ADDRESS	60 Park Place Ste 509	
CITY-STATE-ZIP	Newark, NJ 07102	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard L. Franks	
STREET ADDRESS	60 Park Place Ste 509	
CITY-STATE-ZIP	Newark, NJ 07102	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles R. Carson	
STREET ADDRESS	60 Park Place Ste 509	
CITY-STATE-ZIP	Newark, NJ 07102	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John T. Shea	
STREET ADDRESS	60 Park Place Ste 509	
CITY-STATE-ZIP	Newark, NJ 07102	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Petrillo	
STREET ADDRESS	60 Park Place Ste 509	
CITY-STATE-ZIP	Newark, NJ 07102	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 973-297-5400

EXT 16

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91166 035 ***150.00



DO NOT WRITE IN THIS SPACE

C20004 10/00