2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90113 032 ***158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000074570

1. Entity Name
BIOMED-WASTE CORPORATION

Principal Place of Business	Mailing Address
2400 NW 73RD AVE SUNRISE FL 33313 US	PO BOX 25475 TAMARAC FL 33320 US

2. Principal Place of Business: 3569 - 3571 NW 19th St		3. Mailing Address:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAUDERDALE LKS, FL		City & State	
Zip: 33311	Country: USA	Zip	Country

4. FEI Number 65-0614079 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEERING, CHERIE T
2400 NW 73RD AVE
SUNRISE FL 33313

7. Name and Address of New Registered Agent

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] CHERIE DEERING PRES — DATE 4/4/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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	D	☐ Delete
NAME	DEERING, CHERIE T	
STREET ADDRESS	2400 NW 73 AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

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] CHERIE DEERING — Date 4/4/02 — Daytime Phone # (954) 486-800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR