2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # \\ May 03, 2001 8:00 am ্র. Entity Name **Secretary of State** Center City Hauling & Excavating Inc. 05-03-2001 91118 032 \*\*\*150.00 6603 Ambassador Dr. 6603 Ambassador Pr. C0057268 Orlando, FL 32818 Orlando, FL 32818 2. Principal Place of Business 3. Mailing Address 2530 Cliffdale St 2530 Cliffdale St. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3350567 Applied For Ucoee coee Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent The Law Firm of Lawrence J. Spiegel Mahara 343 Almeria Ave Coral Gables, FL 33134 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 1. MAHARAS HAWGA FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD TITLE ☐ Delete TITLE ☐ Addition Ganga P. Maharal 6603 Ambassador Ganga P. Maharaj 2538 Cliffdale Dr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, Ococe, Change ☐ Addition TITLE TITLE Deomati Maharaj 2530 Cliffdale Dr. Deomati Maharaj 6603 Ambassador Dr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITI F Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. TED NAME OF SIGNING OFFICER OR DIRECTOR