

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

01/0040

DOCUMENT # P96000061037

1. Entity Name

BIG APPLE PORTABLE TOILET SERVICES, INC.

06-02-2001 90005 009 ***150.00

Principal Place of Business

**3500 NW 51ST STREET
 MIAMI FL 33142**

Mailing Address

**3500 NW 51ST STREET
 MIAMI FL 33142**

660943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15150 NW 79th CT

Suite, Apt. #, etc.

Suite 195

City & State

Miami Lakes, FL

Zip

33016

Country

USA

3. Mailing Address

15150 NW 79th CT

Suite, Apt. #, etc.

Suite 195

City & State

Miami Lakes, FL

Zip

33016

Country

USA

4. FEI Number

65-0668325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SAROZA, ROBERT JR.
 4900 N.W. 36TH AVENUE
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name **SAROZA, Robert**
 Street Address (P.O. Box Number is Not Acceptable)

16280 NW 9th Drive

City **Pembroke Pines**

FL

Zip Code **33028**

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.

(NOTE: 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!
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

TITLE **PD, S** ☒ Delete
 NAME **SAROZA, ROBERTO**
 STREET ADDRESS **4900 NW 36TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☐ Delete
 NAME **SAROZA, ROBERT**
 STREET ADDRESS **4900 NW 36TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☒ Delete
 NAME **TAPAMES, DEISI**
 STREET ADDRESS **4900 NW 36TH AVE**
 CITY-ST-ZIP **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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD, S** ☒ Change ☐ Addition
 NAME **SAROZA, Robert**
 STREET ADDRESS **16280 NW 9th Drive**
 CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE **STD** ☒ Change ☐ Addition
 NAME **SAROZA, Robert**
 STREET ADDRESS **16280 NW 9th Drive**
 CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 the signature of the corporation or the receiver or trustee empowered to execute this report is 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 #

CR2E034 (10/00)

Attachment

660943

Document # P96000061037

May 25, 2001

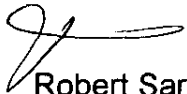
Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302

Ref: Big Apple Portable Toilet
FEI No: 65-0668325

Attn: Uniform Business Report Filings

Due to our change of address, we did not receive the original form in a timely manner. We are enclosing our form and check for \$150.00.

Sincerely,



Robert Saroza
President