

2001 UNIFORM BUSINESS REPORT (UBR)

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

01/06/00

DOCUMENT # P96000061037

1. Entity Name
BIG APPLE PORTABLE TOILET SERVICES, INC.

06-02-2001 90005 009 ***150.00

Principal Place of Business Mailing Address
3500 NW 51ST STREET 3500 NW 51ST STREET
MIAMI FL 33142 MIAMI FL 33142

660943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
15150 NW 79th CT 15150 NW 79th CT
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 195 Suite 195
 City & State City & State
Miami Lakes, FL Miami Lakes, FL
 Zip Country Zip Country
33014 USA 33014 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

7. Name and Address of New Registered Agent

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

Name **SAROZA, Robert**
 Street Address (P.O. Box Number is Not Acceptable)
16280 NW 9th Drive
 City State Zip Code
Pembroke Pines FL 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 _____ DATE _____
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!
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	PD, S	<input checked="" type="checkbox"/> Delete
NAME	SAROZA, ROBERTO	
STREET ADDRESS	4900 NW 36TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SAROZA, ROBERT	
STREET ADDRESS	4900 NW 36TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAPAMES, DEISI	
STREET ADDRESS	4900 NW 36TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAROZA, Robert	
STREET ADDRESS	16280 NW 9th Drive	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAROZA, Robert	
STREET ADDRESS	16280 NW 9th Drive	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Robert Saroza Date: 6-2-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)

Attachment

660943

Document # P9600006103.7

May 25, 2001

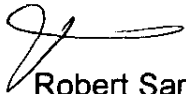
Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302

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