2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067538

1. Entity Name

ALLIED ENVIRONMENTAL REMEDIATION, INC.

Principal Place of Business	Mailing Address
4715 NW 157 ST	4715 NW 157 ST
~~SUITE 201~~	~~SUITE 201~~
MIAMI FL 33014	MIAMI FL 33014-6408

2. Principal Place of Business | **3.** Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. — SUITE 202 | Suite, Apt. #, etc. — SUITE 202

City & State | City & State

4. FEI Number **65-0688809** | Applied For / Not Applicable

Zip | Country | Zip | Country | **5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, JOHN L
4715 NW 157 ST, SUITE 201
MIAMI FL 33014

7. Name and Address of New Registered Agent

Name TOSTANOSKI, JOHN E.

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

4715 NW 157 ST. SUITE 202

City MIAMI | FL | Zip Code 33014

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)_ JOHN E. TOSTANOSKI, PRESIDENT 4/30/00

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!!! FEE IS $150.00
After MAY 1, 2000 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	VPST	☒ Delete	TITLE	PST	☒ Change	☐ Addition
NAME	O'BRIEN, JOHN L		NAME	TOSTANOSKI, JOHN E.		
STREET ADDRESS	4715 NW 157 ST, SUITE 201		STREET ADDRESS	4715 NW 157 ST. ST-202		
CITY-ST-ZIP	MIAMI FL 33014		CITY-ST-ZIP	MIAMI, FL. 33014		
TITLE	VP	☒ Delete	TITLE	VP	☒ Change	☐ Addition
NAME	ROTHENBURG, MICHAEL W		NAME	WRIGHT, JOHN D		
STREET ADDRESS	696 FIRST AVENUE NO. STE 100		STREET ADDRESS	4715 N.W. 157 ST. ST-202		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	MIAMI, FL. 33014		
TITLE	P	☒ Delete	TITLE		☐ Change	☐ Addition
NAME	TOSTANOSKI, JOHN E		NAME			
STREET ADDRESS	4715 NW 157TH ST STE 201		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/99)

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)_ JOHN E. TOSTANOSKI 4/30/00 305-624-7290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #