

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90280 013 ***150.00

DOCUMENT # P97000079507

1. Entity Name
RELIABLE MEDICAL WASTE MANAGEMENT, INC.

Principal Place of Business
**9055 NORTHWEST 13 COURT
 CORAL SPRINGS FL 33071**

Mailing Address
**6574 N ST RD. 7 STE 285
 COCONUT CREEK FL 33073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**RELIABLE MED. WASTE MGMT.
 6574 N. STATE RD. 7, STE. 285**

City & State

COCONUT CREEK, FL 33073

Zip

Country

Zip

Country

4. FEI Number **65-0781412**

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

**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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, 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, 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 **P** ☐ Delete
 NAME **KRAKOW, ARLENE**
 STREET ADDRESS **9055 NORTHWEST 13 COURT**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)