

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90046 049 ***150.00

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DOCUMENT # P98000014467

1. Entity Name
ENVIROWASTE SERVICES GROUP, INC.

Principal Place of Business
8390 NW 53 ST., STE. 200
MIAMI FL 33166

Mailing Address
8390 NW 53 ST., STE. 200
MIAMI FL 33166

2. Principal Place of Business
4918 S.W. 75th Ave
 Suite, Apt. #, etc.

3. Mailing Address
5931 S.W. 88th St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
 Zip
33155
 Country
USA

City & State
Miami, FL
 Zip
33156
 Country
USA

4. FEI Number **65-0829090**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARBA, RAFAEL A
5931 SW 88TH ST
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **BARBA, B. RAFAEL**
 Street Address (P.O. Box Number is Not Acceptable)
5931 S.W. 88th St.
 City **Miami** FL Zip **33156**

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 **B. Rafael Barba, President** DATE **3/28/01**
(Signature, typed or printed name of registered agent and title is 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!!! 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBA, B. RAFAEL 8390 NW 53 ST., STE. 200 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D/T/S BARBA, B. RAFAEL 5931 S.W. 88th St. Miami, FL. 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **B. Rafael Barba** DATE **3/28/01** (305) 740-6315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)