

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031143

1. Entity Name

SBI DUMPSTER SERVICE, INC.

Principal Place of Business

8980 S.W. 44TH STREET  
MIAMI FL 33165

Mailing Address

8980 S.W. 44TH STREET  
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0830993

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

BOYD, WILLIAM JAMES  
8980 S.W. 44TH STREET  
MIAMI FL 33165

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	D	<input type="checkbox"/> Delete
NAME	SATRANO, LOUIS	
STREET ADDRESS	9680 RIVERVIEW DRIVE	
CITY-ST-ZIP	MICCO FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, WILLIAM JAMES	
STREET ADDRESS	8980 S.W. 44TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, JAMES DANIEL	
STREET ADDRESS	8980 S.W. 44TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROBERTO	
STREET ADDRESS	8321 S.W. 27 LANE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Boyd  
Director

Date

3/28/2001

Daytime Phone #

305-485-8440

FILED  
Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90337 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)