2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2003
Secretary of State

DOCUMENT# P98000037841

Entity Name: DADE REMOVAL SERVICE, INC.

Current Principal Place of Business:

P. O. BOX 831831
MIAMI, FL 33283

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 831831
MIAMI, FL 33283

New Mailing Address:

FEI Number: 65-0833863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECHEVERRI, JULIE
19000 FRANJO ROAD
MIAMI, FL 33157

Name and Address of New Registered Agent:

ECHEVERRI, JULIE
9740 SW 217 STREET
MIAMI, FL 33190

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: _____ 03/01/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ECHEVERRI, JULIE
Address: 19000 FRANJO ROAD
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ECHEVERRI, JULIE
Address: 9740 SW 217 STREET
City-St-Zip: MIAMI, FL 33190

Title: O ( ) Change (X) Addition
Name: ECHEVERRI, CHRISTINA M
Address: 9740 SW 217 STREET
City-St-Zip: MIAMI, FL 33190

Title: N/A ( ) Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: N/A ( ) Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A N/

Title: N/A ( ) Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A N/

Title: N/A ( ) Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A N/

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA M. ECHEVERRI O 03/01/2003
Electronic Signature of Signing Officer or Director — Date