

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000039771**

1. Entity Name

BIO-WASTE OF SOUTH FLORIDA, INC.**FILED****May 31, 2000 8:00 am**
Secretary of State

05-31-2000 90020 031 ***150.00

Principal Place of Business

Mailing Address

NW 15 STREET
FL 331267859 NW 15 STREET
MIAMI FL 33126-1109
US

2. Principal Place of Business

7311 N.W. 12th St

3. Mailing Address

Suite, Apt. #, etc.

Bay #3

City & State

Miami, Fl.

Zip

33126

Country
Dade

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0938612

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MAIQUEZ, DRUMNIA
7859 NW 15 STREET
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Armando F. Cobelo, DDS

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

7311 N.W. 12th St. #3

City Miami

FL

Zip Code 33126

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.

Armando F. Cobelo, DDS

1-10-2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	MAIQUEZ, DRUMNIA	7859 NW 15 STREET	MIAMI FL 33126	<input checked="" type="checkbox"/>
S	MAIQUEZ, DRUMNIA	7859 NW 15TH ST	MIAMI FL 33126	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PVTD	Armando F. Cobelo, DDS	7311 N.W. 12th St. #3	Miami, Fl. 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Susan Menendez	7311 N.W. 12th St. #3	Miami, Fl. 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Armando F. Cobelo, DDS 1-10-2000 786-716-2886

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)