

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100598

1. Entity Name

WORLDWIDE WASTE SERVICES, INC.

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90001 029 \*\*\*550.00

0035977 AV

Principal Place of Business

C/O ROBERT SMOLEY  
 201 SO. BISCAYNE BOULEVARD, 17TH FLOOR  
 MIAMI FL 33131

Mailing Address

C/O ROBERT SMOLEY  
 201 SO. BISCAYNE BOULEVARD, 17TH FLOOR  
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2001 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 505

City & State

AVENTURA FL

Zip

33180

Country

USA

3. Mailing Address

2001 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 505

City & State

AVENTURA FL

Zip

33180

Country

USA

4. FEI Number

65-0899638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLEY, ROBERT ESQ  
 C/O ROBERT SMOLEY  
 201 SO. BISCAYNE BOULEVARD, 17TH FLOOR  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

2001 BISCAYNE BLVD. SUITE 505  
 AVENTURA FL 33180

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

7-18-01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	T SMOLEY, ROBERT 201 S. BISCAYNE BLVD., 17TH FL MIAMI FL 33131	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 BISCAYNE BOULEVARD, SUITE 505 AVENTURA, FLORIDA 33180
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-18-01

(305) 933-2000

CR2E034 (5/01)