

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009794

1. Entity Name

DELTA WASTE CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90066 042 ***150.00

Principal Place of Business

Mailing Address

3300 NW 27TH AVE
POMPANO BEACH, FL 33069

3300 NW 27TH AVE
POMPANO BEACH, FL 33069-1066

2. Principal Place of Business

3. Mailing Address

2075 N. Powerline Road
Suite, Apt. #, etc.

2075 N. Powerline Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

4. FEI Number

Applied For

65-0919421

Not Applicable

Zip 33069

Country USA

Zip 33069

Country USA

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

MARZANO, PATRICK F
3300 NW 27TH AVE
POMPANO BEACH FL 33069

Name

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

2075 N. Powerline Road

Pompano Beach

FL 33069

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, 2000 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 ☐ Delete
NAME MARZANO, PATRICK F
STREET ADDRESS 3300 NW 27TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☒ Change ☐ Addition
NAME 2075 N. Powerline Road
STREET ADDRESS Pompano Beach, FL 33069
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)