

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045645

1. Entity Name  
PALM CARTING, INC.

Principal Place of Business  
% NAT'L ENVIRONMENTAL WASTE SERVICES  
P.O. BOX 187  
MARLBORO NJ 07746

Mailing Address  
% NAT'L ENVIRONMENTAL WASTE SERVICES  
P.O. BOX 187  
MARLBORO NJ 07746

2. Principal Place of Business

PMB 456

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7040 W. Palmetto Park Rd # 4

City & State

Boca Raton

City & State

Zip

33433

Country

FL Palm Beach

Zip

Country

4. FEI Number

22-3656938

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Frank S. Aloia

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

200 West Coconut Palm Road

City

Boca Raton

FL

Zip Code

33432

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

10/4/2000

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 13, 2000 Min. 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

TITLE: PRESIDENT  
NAME: FRANK ALOIA  
STREET ADDRESS: 200 COCONUT PALM RD  
CITY-ST-ZIP: BOCA RATON FL, 33430



TITLE: WESLEY COSTA - VICE PRESIDENT  
NAME: WESLEY COSTA  
STREET ADDRESS: 49 CLAY STREET  
CITY-ST-ZIP: MILLTOWN N.J. 08850



TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:



TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:



TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:



TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

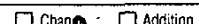
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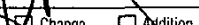
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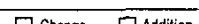
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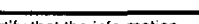
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CITY-ST-ZIP:



13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

10/4/2000

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 OCT 23 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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