2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90465 008 ***150.00
05-23-2001 91194 036 ***150.00

DOCUMENT # P99000080826

1. Entity Name

C & C WASTE REMOVAL, INC.

Principal Place of Business	Mailing Address
2700 SOUTH COMMERCE PARKWAY #305 WESTON FL 33331	2700 SOUTH COMMERCE PARKWAY #305 WESTON FL 33331

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15476 NW 77 CT	15476 NW 77CT
Suite, Apt. #, etc. PMB 701	Suite, Apt. #, etc. PMB 701
City & State MIAMI, FL	City & State Miami, FL
Zip 33016 Country	Zip FL Country

4. FEI Number 65-0954036 ☐ Applied For ☐ Not Applicable

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
~~ALTSCHUL, JOSEPH E ESQ.~~ ~~2700 SOUTH COMMERCE PARKWAY #305~~ ~~WESTON FL 33331~~	Name MR. CARLO PICCINONNA Street Address (P.O. Box Number is Not Acceptable) 4500 South State Road 7 City FT. LAUDERDALE FL Zip Code 33314

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 CARLO PICCINONNA, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOT 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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FINKLEA, JIMMY 15476 NW 77TH CT PMB 701 MIAMI FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PICCINONNA, CARLO 15476 NW 77CT-PMB 701 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DP/S/T COP PICCINONNA, CARLO 15476 NW 77 CT-PMB 701 MIAMI, FL 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PICCINONNA, CARLO 15476 NW 77 CT PMB 701 MIAMI, FL 33016 DP, COP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 #