

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90045 028 ***550.00

DOCUMENT # P99000101441

1. Entity Name

DADE DISPOSAL SYSTEMS OF SOUTH FLORIDA, INC. ✓

Principal Place of Business

9852 EAST EVERGREEN STREET
 MIAMI FL 33157

Mailing Address

9852 EAST EVERGREEN STREET
 MIAMI FL 33157

2. Principal Place of Business

6933 NW 82 Avenue
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 668886
 Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0963244

Applied For

Not Applicable

Zip

33166

Country

Zip

33166-9424

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSBERG, DAVID M
 9852 EAST EVERGREEN STREET
 MIAMI FL 33157

7. Name and Address of New Registered Agent

Name Alexander R Chovert

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

6933 NW 82 Ave

City Miami, FL.

FL

Zip Code 33166

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

Rafael Mueso
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-30-00

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 \$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	PD	<input checked="" type="checkbox"/> Delete
NAME	MUESO, RAFAEL JR.	
STREET ADDRESS	7521 S.W. 58 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CHUVERT, ALEXANDER R	
STREET ADDRESS	15600 S.W. 106 LN., #1004	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARRIOS, ALFREDO	
STREET ADDRESS	9970 S.W. 42 TR.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mueso, Rafael Jr.	
STREET ADDRESS	7521 S.W. 58 Street	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chovert, Alexander R.	
STREET ADDRESS	15600 SW 106 LN #1004	
CITY-ST-ZIP	Miami, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rafael Mueso
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-00

Date

(305) 418-4449

Daytime Phone #

CP2E034 (5/00)