2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96816

1. Entity Name
MED/WASTE OF FLORIDA, INC.

FILED
01 SEP 28 PM 2:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
6175 N.W. 153 STREET SUITE 324 MIAMI LAKES FL 33014	6175 N.W. 153 STREET SUITE 324 MIAMI LAKES FL 33014

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
9/18/01 90012 037-558-7

4. FEI Number 65-0420129 — Applied For / Not Applicable

5. Certificate of Status Desired XX — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSTON, ROSS M 6175 N.W. 153 STREET SUITE 324 MIAMI LAKES FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $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	S	TITLE	
NAME	BAUMAN, BRYAN	NAME	
STREET ADDRESS	6175 N.W. 153 STREET, SUITE 324	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	CITY-ST-ZIP	
	XX Delete		☐ Change ☐ Addition
TITLE	VTD	TITLE	
NAME	MAS, GEORGE	NAME	
STREET ADDRESS	6175 N.W. 153 STREET, SUITE 324	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	CITY-ST-ZIP	
	XX Delete		☐ Change ☐ Addition
TITLE	DEV	TITLE	
NAME	CAMPOS, CARLOS	NAME	
STREET ADDRESS	6175 N.W. 153 STREET, SUITE 324	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	CITY-ST-ZIP	
	XX Delete		☐ Change ☐ Addition
TITLE	PD	TITLE	PDT
NAME	CAMPOS, CARLOS	NAME	Campos, Carlos
STREET ADDRESS	6175 NW 153 STREET SUITE 324	STREET ADDRESS	6175 NW 153 Street, Ste. 324
CITY-ST-ZIP	HIALEAH FL 33014	CITY-ST-ZIP	Miami Lakes, FL 33014
	☐ Delete		☐ Change ☒ Addition
TITLE	VP	TITLE	VPS
NAME	JOHNSTON, ROSS M	NAME	Johnston, Ross M.
STREET ADDRESS	6175 NW 153 STREET SUITE 324	STREET ADDRESS	6175 NW 153 Street, Ste. 324
CITY-ST-ZIP	HIALEAH FL 33014	CITY-ST-ZIP	Miami Lakes, FL 33014
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ 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 all other title empowered.

SIGNATURE: Ross M Johnston, V.P. 9/25/01 305/819-8877 x1036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #