FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMEND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

| DOC! | UMENT #341360 | | | FII | _ED |
|---|--|--|---|--|---------------------------------------|
| ABLE SANITATION, INC. | | | | |) PH 3:45 |
| DO NOT WRITE IN THIS SPACE | | | | SECRETARY OF STATE TALLAHASSEE, FLORID: | |
| | Il Place of Business | 3. Mailing Address | | <u>ຣດດດ໌ດິຄິດ</u> | J56652I J201010002 |
| 7451 NW 63 ST Suite, Apt. #, etc. | | 7451 NW 63 ST Suite, Apt. #, etc. | | DO NO+WENT HIS SPACE************************************ | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number Applied For | |
| Zip 33166 | Country USA | Zip 33166 | Country | 59-1231631 5. Certificate of Status Desired | Not Applicat \$8.75 Additional |
| | | 33100 | USA | 7. Name and Address of Current Re | Fee Required |
| | DO NOT W IN THIS SP | 2 January 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Street Address 1200 Sou | rporation System (P.O. Box Number is Not Acceptable) th Pine Island Road | |
| | ve named entity submits this statement for | | City Pla | ntation | FL Zip Code 33324 |
| | Signature, typed or printed name of registered agent a | ed htie if applicable. (NC) | FE. Registered Agent signature require- | d when reinstating) | DATE |
| Tax filing (See crite | Signature, typed or printed name of registered agent at poration is eligible to satisfy its Intangible requirement and elects to do so. pria on back) | January 1, 1 After May Amende Make Check Paya | TE Registered Agent signature require May 1 Fee is \$150.00 1; Fee is \$550.00 d UBR is \$61.25 ble to Department of Sta | 10. Election Campaign Financi | · · · · · · · · · · · · · · · · · · · |
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