

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90184 006 \*\*\*150.00

**DOCUMENT # P22403**

1. Entity Name

**UNITED REFRIGERATION, INC. OF PENNSYLVANIA**

Principal Place of Business

Mailing Address

CARMEN D CAROSELLA VP. C.F.O.  
 11401 ROOSEVELT BLVD.  
 PHILADELPHIA PA 19154

CARMEN D CAROSELLA VP. C.F.O.  
 11401 ROOSEVELT BLVD.  
 PHILADELPHIA PA 19154-2102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-1307731**

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

**SMITH, PAT**  
**2400 N. W. 23RD STREET**  
**MIAMI, FL 33142**

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 \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	REILLY, JOHN H. JR.	
STREET ADDRESS	1310 MONTGOMERY AVE	
CITY-ST-ZIP	ROSEMONT PA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REILLY, ELIZABETH	
STREET ADDRESS	1310 MONTGOMERY AVENUE	
CITY-ST-ZIP	ROSEMONT PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWKINS, WILLIAM	
STREET ADDRESS	3109 W HAYES ROAD	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAROSELLA, CARMEN D.	
STREET ADDRESS	220 CEDAR PLACE	
CITY-ST-ZIP	WAYNE PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCFADDEN, JOHN P.	
STREET ADDRESS	28 GAELIC CT	
CITY-ST-ZIP	HOLLAND PA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HUNTOWSKI, JOSEPH S	
STREET ADDRESS	28 WOODBROOK ROAD	
CITY-ST-ZIP	VOORHESS NJ 08043	

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	
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-28-2000 215698-9100*

FILED