2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # F0000007148 1. Entity Name NEW ENGLAND MOTOR FREIGHT, INC. 03-05-2001 90314 026 ***150.00 Mailing Address Principal Place of Business 1-71 NORTH AVENUE EAST 1-71 NORTH AVENUE EAST ELIZABETH NJ 07201 ELIZABETH NJ 07201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-1977697 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSINESS FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 1000 WEST AVENUE, STE 1114 **MIAMI FL 33139** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) TITLE PD ☐ Delete TITLE Change Addition NAME KARLBERG, JOHN NAME STREET ADDRESS STREET ADDRESS 1-71 NORTH AVE EAST CITY-ST-ZIP CITY-ST-ZIP ELIZABETH NJ ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME EISENBERG, CRAIG STREET ADDRESS STREET ADDRESS 1-71 NORTH AVE EAST CITY-ST-7IP CITY-ST-7IP ELIZABETH NJ Delete Delete TITLE? Change ☐ Addition TITLE STD BLAKEMAN, NANCY S NAME NAME STREET ADDRESS STREET ADDRESS 1-71 NORTH AVE EAST CITY-ST-7IP CITY-ST-ZIP ELIZABETH NJ ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME SHEVELL, MYRON STREET ADDRESS STREET ADDRESS 1-71 NORTH AVE EAST CITY-ST-7IP CITY-ST-ZIP ELIZABETH NJ Change ☐ Addition ☐ Delete TITLE SHEVELL, JON NAME NAME STREET ADDRESS STREET ADDRESS 1-71 NORTH AVE EAST CITY-ST-ZIP CITY-ST-ZIP **ELIZABETH NJ** ☐ Addition ☐ Delete TITLE Сhange TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplier ental 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 of 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 of the corporation or the receiver changed, or on an attachment w ess, with all other like empowered

Craig Eisenberg

(908) 965-0I