

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90379 009 ***150.00

DOCUMENT # F00000007148

1. Entity Name
NEW ENGLAND MOTOR FREIGHT, INC.

Principal Place of Business
1-71 NORTH AVENUE EAST
ELIZABETH NJ 07201

Mailing Address
1-71 NORTH AVENUE EAST
ELIZABETH NJ 07201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-1977697	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSINESS FILINGS, INC. 1000 WEST AVENUE, STE 1114 MIAMI FL 33139		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARLBERG, JOHN		NAME		
STREET ADDRESS	1-71 NORTH AVE EAST		STREET ADDRESS		
CITY-ST-ZIP	ELIZABETH NJ		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EISENBERG, CRAIG		NAME		
STREET ADDRESS	1-71 NORTH AVE EAST		STREET ADDRESS		
CITY-ST-ZIP	ELIZABETH NJ		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAKEMAN, NANCY S		NAME		
STREET ADDRESS	1-71 NORTH AVE EAST		STREET ADDRESS		
CITY-ST-ZIP	ELIZABETH NJ		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEVELL, MYRON		NAME		
STREET ADDRESS	1-71 NORTH AVE EAST		STREET ADDRESS		
CITY-ST-ZIP	ELIZABETH NJ		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEVELL, JON		NAME		
STREET ADDRESS	1-71 NORTH AVE EAST		STREET ADDRESS		
CITY-ST-ZIP	ELIZABETH NJ		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *(Signature)* **SIGNATURE REQUIRED** *Myron P. Shevell 7/24/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

NEW ENGLAND MOTOR FREIGHT, Inc.



Attachment

July 25, 2002

~~F00000067148~~
123187

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed the 2002 uniform business report along with a check for \$ 150.00, which represents the annual fee due for this corporation. This is the first document we received advising us of this filing fee, we are requesting that you abate the additional fee due to the non receipt of this business report.

Should you need any further information, please do not hesitate to call me.

Sincerely,

A handwritten signature in black ink, appearing to read "Lillian Gregory", is written over a large, loopy scribble.

Lillian Gregory
908, 965-0100 ext 359

EXCELLENCE IN MOTION!