FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 852653 1. Corporation Name

RIDGEFIELD PARK TRANSPORT CO., INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90014 024 ***150.00



			
cipal Flace of Business	Mailing Address		
HURST ST	P O BOX 394		
1301 .∻ NJ 07036	STE 1301 RIDGEFIELD PRK NY 07660		DO NOT WRITE IN THIS SPACE
	US		3. Date Incorporated or Qualifed
			04/21/1982
rincipal Place of Business	2a. Mailing Address		4. FEI Number Applied For
350 Hurst Street	26 PO Box 394	+	22-2297864 Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional
	27		5. Certificate of Status Desired
City & State	City & State	T) 1 NIT	6. Election Campaign Financing \$5.00 May Be
Linden NJ	28 Ridegfield	Park, NJ	Trust Fund Contribution - Added to Fees
ip Country	Zip	Country	This corporation owes the current year Intangible
07036 25 USA	29 07660 :	USA_	Personal Property Tax. Yes No
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
MOTOLAW INO		81 Name	
MOTOLAW, INC.		82 Street Ac	Idress (P.O. Box Number is Not Acceptable)
1301 RIVERPLACE BLVD.			
STE 1301		83	
JACKSONVILLE FL 32207		84 City	85 Zip Code
		U4 Oily	FL Day 2 process
Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PTD CALLATORS	☐ DELETE	1.1 TITLE	Douglide Dyon
CRISCUOLO, SALVATORE		1.2 NAME	
TABUNUSS 137 HUDSON STREET		1.3 STREET ADDRESS	
RIDGEFIELD PARK NJ	☐ DELETE	14 CITY-ST-ZIP	☐ Change ☐ Add
SD CDICCHOLO BARRADA	□ DELETE		· Orlange
CRISCUOLO, BARBARA		2.2 NAME	
HADDRESS 137 HUDSON STREET		2.3 STREET ADDRESS	
T-ZIP RIDGEFIELD PARK NJ	□ DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Add
į		3.2 NAME	
1.4000000		3.3 STREET ADDRESS	
1 ADCRESS		3.4. CITY-ST-ZIP	
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)		5.2 NAME	
: ADDRESS		5.3 STREET ADDRESS	
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	☐ DELETE	6.1 TITLE	☐ Change ☐ Addi
		6.2 NAME	
T ADDRESS		6.3 STREET ADDRESS	
1		SACITY OF 7ID	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

ATURE:

Sal Criscuolo, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR