## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F94000004104 Apr 20, 2000 8:00 am Secretary of State JANCO TRUCKING, INC. 04-20-2000 90106 039 \*\*\*150.00 Principal Place of Business Mailing Address 34 BURGESS PLACE 34 BURGESS PLACE WAYNE NJ 07470-6734 WAYNE NJ 07470-6734 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 51-0116532 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMONT & NEIMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) TWO S. BISCAYNE BLVD ONE BISCAYNE TOWER, SUITE 3550 MIAMI FL 33131 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition PTD ☐ Delete TITLE TITLE MALLOW, THOMAS W NAME NAME STREET ADDRESS STREET ADDRESS 4420 NE 23RD AVE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Change ☐ Addition ☐ Delete TITLE MALLOW, C. JEANETTE NAME NAME STREET ADDRESS STREET ADDRESS 4420 NE 23RD AVE CITY-ST-7IP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Change Addition TITLE Delete TITLE ROSENTHAL, RICHARD I NAME NAME STREET ADDRESS STREET ADDRESS 120 ELMWOOD AVE CITY-ST-ZIP CITY-ST-7IP HOHOKUS NJ 07423 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CRICHARD I. ROSENTHAL, VICE PRESIDENT4/12/00 973-696-7700 SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

13. Thereby 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.