## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Apr 30, 2002 8:00 am Secretary of State **DOCUMENT #** F94000005394 1. Entity Name H&M INTERNATIONAL TRANSPORTATION, INC. 04-30-2002 90152 020 \*\*\*150 00 Principal Place of Business Mailing Address 75 COUNTY RD 75 COUNTY RD JERSEY CITY NJ 07307 JERSEY CITY NJ 07307 2. Principal Place of Business 3. Mailing Address 12 COUNT BORD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For TERBU 22-2392583 Not Applicable 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 CODY, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 2101 W. 33RD ST. JACKSONVILLE FL 32209 City 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. < SZI ) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME CONNORS, CHARLES T NAME STREET ADDRESS 75 COUNTY RD STREET ADDRESS CITÝ-ST-7IP JERSEY CITY NJ 07307 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FISCHETTI, LEONARD M NAME STREET ADDRESS 75 COUNTY RD STREET ADDRESS CITY-ST-ZIP JERSEY CITY NJ 07307 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME GILDERSLEEVE, ROBERT J NAME STREET ADDRESS 75 COUNTY RD STREET ADDRESS CITY-ST-ZIP Jersey City nj 07307 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 flue 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 dimpowered 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 addre