

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003844

1. Entity Name
TRANSPORT FLOGISTICS CORP. ✓

Principal Place of Business

545 DOWD AVE.
ELIZABETH NJ 07206
US

Mailing Address

8901 TONNELLE AVE.
NORTH BERGEN NJ 07047

2. Principal Place of Business

700 Division Street

Suite, Apt. #, etc.

3. Mailing Address

700 Division Street

Suite, Apt. #, etc.

City & State

Elizabeth, NJ 07206

Zip

07206

Country

USA

City & State

Elizabeth, NJ 07206

Zip

07206

Country

USA

4. FEI Number

22-3448597

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

07/18/00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLIFFORD, WILLIAM M	
STREET ADDRESS	470 OLD WELLINGTON RD.	
CITY-ST-ZIP	MANCHESTER NH 03104	
TITLE	STD	<input type="checkbox"/> Delete
NAME	IMPERATORE, ARTHUR E JR	
STREET ADDRESS	333 RECTOR PLACE	
CITY-ST-ZIP	NEW YORK NY 10280	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFFORD, WILLIAM M	
STREET ADDRESS	470 OLD WELLINGTON RD.	
CITY-ST-ZIP	MANCHESTER NH 03104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

William M. Clifford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

908-352-9300

Daytime Phone #

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE

FILED

Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90011 038 ***550.00