

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005808

1. Entity Name

UNITED AUTOCARE PRODUCTS, INC.

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90043 021 \*\*\*550.00

Principal Place of Business

2500 WESTCHESTER AVE  
 STE 310  
 PURCHASE NY 10577

Mailing Address

C/O M. SCHWARTZBORD  
 354 EISENHOWER PKWY STE. 1600  
 LIVINGSTON NJ 07039-1023

2. Principal Place of Business

One Harmon Plaza  
 Suite, Apt. #, etc.  
 9th Floor

3. Mailing Address

13400 Outer Drive W  
 Suite, Apt. #, etc.  
 B-36

City & State

Secaucus, NJ  
 Zip  
 07094

City & State

Detroit, MI  
 Zip  
 48239

4. FEI Number

13-3922210

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 RD.  
 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.

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	CEO	<input checked="" type="checkbox"/> Delete
NAME	COGAN, MARSHALL S	
STREET ADDRESS	375 PARK AVE., 22ND FL.	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	NELSON, ROBERT H	
STREET ADDRESS	375 PARK AVE., 22ND FL.	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	DVPT	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, JAMES R	
STREET ADDRESS	375 PARK AVE., 22ND FL.	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	WINTERS, KARL H	
STREET ADDRESS	375 PARK AVE., 22ND FL.	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	SMITH, PHILIP N JR.	
STREET ADDRESS	375 PARK AVE., 22ND FL.	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	VP/S	<input checked="" type="checkbox"/> Delete
NAME	KING, TAMBRA S	
STREET ADDRESS	375 PARK AVE., 22ND FL.	
CITY-ST-ZIP	NEW YORK NY 10152	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert H. Kurnick, Jr.	
STREET ADDRESS	13400 Outer Drive, Suite B-36	
CITY-ST-ZIP	Detroit, MI 48239	
TITLE	Director & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James R. Davidson	
STREET ADDRESS	One Harmon Plaza, 9th Floor	
CITY-ST-ZIP	Secaucus, NJ 07094	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel X. DiFeo	
STREET ADDRESS	One Harmon Plaza, 9th Floor	
CITY-ST-ZIP	Secaucus, NJ 07094	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Dubin	
STREET ADDRESS	One Harmon Plaza, 9th Floor	
CITY-ST-ZIP	Secaucus, NJ 07094	
TITLE	Ass. State Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Nieman	
STREET ADDRESS	13400 Outer Drive, Suite B-36	
CITY-ST-ZIP	Detroit, MI 48239	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H.  
 Kurnick, Jr.

Date

Daytime Phone #

7-18-2000 592-7550

CR2E034 (5/00)