

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005808

1. Entity Name

UNITED AUTOCARE PRODUCTS, INC.

434
7198

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90032 015 ***150.00

Principal Place of Business

ONE HARMON PLAZA
9TH FLOOR
SECAUCUS NJ 07094

Mailing Address

13400 OUTER DRIVE WEST
B-36
DETROIT MI 48239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO ☒ Delete
NAME COGAN, MARSHALL S
STREET ADDRESS 375 PARK AVE., 22ND FL.
CITY-ST-ZIP NEW YORK NY 10152

TITLE DVP ☒ Delete
NAME NELSON, ROBERT H
STREET ADDRESS 375 PARK AVE., 22ND FL.
CITY-ST-ZIP NEW YORK NY 10152

TITLE DVPT ☒ Delete
NAME DAVIDSON, JAMES R
STREET ADDRESS 375 PARK AVE., 22ND FL.
CITY-ST-ZIP NEW YORK NY 10152

TITLE VPCF ☒ Delete
NAME WINTERS, KARL H
STREET ADDRESS 375 PARK AVE., 22ND FL.
CITY-ST-ZIP NEW YORK NY 10152

TITLE VPAS ☒ Delete
NAME SMITH, PHILIP N JR.
STREET ADDRESS 375 PARK AVE., 22ND FL.
CITY-ST-ZIP NEW YORK NY 10152

TITLE VP/S ☒ Delete
NAME KING, TAMBRA S
STREET ADDRESS 375 PARK AVE., 22ND FL.
CITY-ST-ZIP NEW YORK NY 10152

TITLE President ☒ Change ☐ Addition
NAME Samuel X. DiFeo
STREET ADDRESS ONE HARMON PLAZA, 9TH FLOOR
CITY-ST-ZIP SECAUCUS, NJ 07094

TITLE Vice President ☒ Change ☐ Addition
NAME RON DUBIN
STREET ADDRESS ONE HARMON PLAZA, 9TH FLOOR
CITY-ST-ZIP SECAUCUS, NJ 07094

TITLE Secretary ☒ Change ☐ Addition
NAME Robert H. Kurnick, Jr.
STREET ADDRESS 13400 Outer Drive W, B-36
CITY-ST-ZIP Detroit, MI 48239

TITLE Treasurer ☒ Change ☐ Addition
NAME James R. Davidson
STREET ADDRESS ONE HARMON PLAZA 9TH FLOOR
CITY-ST-ZIP SECAUCUS, NJ 07094

TITLE Assistant Secretary ☒ Change ☐ Addition
NAME Sandra Nieman
STREET ADDRESS 13400 Outer Drive W, B-36
CITY-ST-ZIP Detroit, Michigan 48239

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1-18-2001 313 592-7550

CR2E034 (10/00)