

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90061 029 \*\*\*150.00

**DOCUMENT # P24025**

1. Entity Name

**UNION TRANSPORT CORPORATION**

Principal Place of Business

Mailing Address

1660 WALT WHITMAN ROAD  
 MELVILLE NY 11747  
 US

1660 WALT WHITMAN ROAD  
 MELVILLE NY 11747-3073  
 US

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**11-2394887**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	THORRINGTON, PETER	
STREET ADDRESS	READING CARGO CENTRE HYPERION WAY	
CITY-ST-ZIP	ROSE KILN LA READING UK	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BARENDSE, THURSO	
STREET ADDRESS	1660 WALT WHITMAN ROAD	
CITY-ST-ZIP	MELVILLE NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	MACFARLANE, ROGER	
STREET ADDRESS	19443 LAUREN PARK RD. STE 107	
CITY-ST-ZIP	RANCHO DOMINGUEZ CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACFARLANE, ROGER	
STREET ADDRESS	19443 LAUREN PARK RD. STE 107	
CITY-ST-ZIP	RANCHO DOMINGUEZ CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAVARESE, STEVE	
STREET ADDRESS	30 RAILROAD STREET	
CITY-ST-ZIP	REVERE MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIAMETTA, LINDA	
STREET ADDRESS	1660 WALT WHITMAN ROAD	
CITY-ST-ZIP	MELVILLE NY	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 Eastern Avenue	
CITY-ST-ZIP	Chelsea, MA 02150	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	182-08 149th Avenue	
CITY-ST-ZIP	Jamaica, NY 11413	

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 OF REGISTERED AGENT*  
 Barendse

1/14/00

516-755-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #