

2002 UNIFORM BUSINESS REPORT (UBR)

05/6/95 AT

DOCUMENT # 687511

1. Entity Name

P.S. CLEARANCE CO., INC.

Principal Place of Business

8544 NW 68TH ST
MIAMI FL 33166
US

Mailing Address

P O BOX 930
NEW HYDE PARK NE 11040
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

02 FEB 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2555195

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CULLELL, INKY E
372 AZURE WAY
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City PLANTATION FL Zip Code 33324

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 *Robert M Vecchione* 2/19/02
Signature, typed or printed name of registered agent and title if applicable.
Robert M Vecchione VP, Gen. Sec.

(NOTE: Registered Agent signature required when replacing agent.)
Patrick A. Nolan 2/20/02
Assistant Secretary 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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSENTHAL, MARTIN W	
STREET ADDRESS	9671 WESTWOOD DR.	
CITY-ST-ZIP	WESTMINSTER CA	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MEEHAN, JACK J.	
STREET ADDRESS	1075 WOLVER HOLLOW ROAD	
CITY-ST-ZIP	UPPER BROOMVILLE NY 11771	
TITLE	V	<input type="checkbox"/> Delete
NAME	MENUDIER, JOHN C.	
STREET ADDRESS	15500 SUNSET BLVD.	
CITY-ST-ZIP	PACIFIC PALISADES CA 90270	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MADISON, JAMES L.	
STREET ADDRESS	15 AMALIA LN.	
CITY-ST-ZIP	COMMACK NY	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LOTTITO, ANGELA	
STREET ADDRESS	363 WHITE RD.	
CITY-ST-ZIP	MINEOLA NY	
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	600005064216--8	
STREET ADDRESS	-03/07/02--01049--023	
CITY-ST-ZIP	****158.75 ****158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	V5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert M Vecchione	
STREET ADDRESS	205 OAK NECK LANE	
CITY-ST-ZIP	WEST ISLIP, NY 11795	

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: *Robert M Vecchione* VP, Gen. Counsel, SEC. 2/19/02 (516) 365-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)