

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90139 040 ***150.00

0690629 AB

DOCUMENT # F00000001585

1. Entity Name
PARK LANE MANAGEMENT CORP.



Principal Place of Business
C/O AMERICAN RIVER LOGISTICS. LTD.
614 PROGRESS STREET
ELIZABETH NJ 07203

Mailing Address
C/O AMERICAN RIVER LOGISTICS. LTD.
614 PROGRESS STREET
ELIZABETH NJ 07203



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 11-3277581

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEENAN, RANDI
4103 SPRING GROVE ROAD
JACKSONVILLE FL 32209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	AGLIARDI, FRANK	
STREET ADDRESS	1229 OLD WALT WHITMAN ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VV	<input type="checkbox"/> Delete
NAME	FORTE, RICHARD	
STREET ADDRESS	614 PROGRESS STREET	
CITY-ST-ZIP	ELIZABETH NJ 07203	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEENAN, RANDI	
STREET ADDRESS	6801 WEST 12TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
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		

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

TREASURER
JOSEPH GULLOTTA
1229 OLD WALT WHITMAN ROAD
MELVILLE, NY 11747

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/21/03** Daytime Phone #

CR2E034 (10/02)