

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90101 032 \*\*\*158.75

SECTION AT

**DOCUMENT # F94000001877**

1. Entity Name

**PRO-SERVICE FORWARDING CO., INC.**

Principal Place of Business

**P.O. BOX 930  
 NEW HYDE PARK NY 11040**

Mailing Address

**P.O. BOX 930  
 NEW HYDE PARK NY 11040**

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

**11-2523436**

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DCEO**  
 STREET ADDRESS **MEEHAN, JACK J**  
 CITY-ST-ZIP **1075 WOLVER HOLLOW RD.  
 UPPER BROOKVILLE NY 11771**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **ROSENTHAL, MARTIN W**  
 CITY-ST-ZIP **9671 WESTWOOD DR.  
 WESTMINSTER CA 92683**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DT**  
 STREET ADDRESS **MADISON, JAMES L**  
 CITY-ST-ZIP **15 AMALIA LANE  
 COMMACK NY 90242**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **RIOS, ALBERTO**  
 CITY-ST-ZIP **7427 QUILL DR.  
 DOWNEY CA 90242**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **LOTITO, ANGELA**  
 CITY-ST-ZIP **363 WHITE ROAD  
 MINELOA NY**

TITLE ☒ Change ☐ Addition  
 NAME **DS**  
 STREET ADDRESS **ANGELA LOTITO**  
 CITY-ST-ZIP **363 WHITE ROAD  
 MINELOA, NY**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **VS**  
 STREET ADDRESS **Robert M Vecchione**  
 CITY-ST-ZIP **205 OAK NECK LANE  
 WEST ISLIA, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

**Attachment**  
**PRO-SERVICE FORWARDING CO., INC.**

INTERNATIONAL FREIGHT FORWARDERS - IATA CARGO AGENTS - EXPORT CONSULTANTS

P.O. BOX 930, NEW HYDE PARK, NEW YORK 11040-0401

FMC LIC. NO 2355  
IATA LIC. NO. 01-1-6277

(516) 365-2000  
TELEX: 667349  
FAX: 516-365-9567

February 19, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

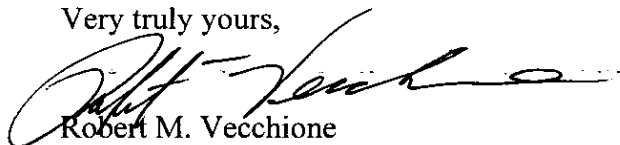
RE: Pro-Service Forwarding Co., Inc.  
2002 Uniform Business Report Florida  
Document No. F94000001877

Dear Sir or Madam:

Enclosed please find the above documentation, and a check (No. 228864) for \$158.75 covering the filing fee, and request for certificate of status.. We kindly ask that you process the enclosed form and send us a Certificate of Status as soon as possible.

We appreciate your prompt assistance in this regard. If you have any questions or concerns, please feel free to contact the undersigned at your earliest convenience.

Very truly yours,



Robert M. Vecchione  
Vice President and General Counsel

RMV: It

Encl.

cc: James Madison