

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001423

1. Entity Name

A.R.C. NETWORKS, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90083 026 ***150.00

Principal Place of Business

1770 MOTOR PKWY
HAUPPAUGE NY 11788
US

Mailing Address

1770 MOTOR PKWY
HAUPPAUGE NY 11788
US

00040040

2. Principal Place of Business

175 Pinelawn Rd
Suite, Apt. #, etc.

3. Mailing Address

175 Pinelawn Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melville, NY

City & State

Melville, NY

4. FEI Number

11-3240814

Applied For

Not Applicable

Zip

11747

Country

USA

Zip

11747

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	PARRINELLO, PETER F	
STREET ADDRESS	1770 MOTOR PKWY	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	SABLE, MICHAEL	
STREET ADDRESS	1770 MOTOR PKWY	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE	SCFO	<input checked="" type="checkbox"/> Delete
NAME	SABLE, MICHAEL P	
STREET ADDRESS	1770 MOTOR PKWY	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE	EV	<input type="checkbox"/> Delete
NAME	GREGORY, JOSEPH	
STREET ADDRESS	1770 MOTOR PKWY	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	175 Pinelawn Rd	
CITY-ST-ZIP	Melville, NY 11747	
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	175 Pinelawn Rd	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francine Mambuca	
STREET ADDRESS	175 Pinelawn Rd.	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles N Garber	
STREET ADDRESS	175 Pinelawn Rd.	
CITY-ST-ZIP	Melville, NY 11747	

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:

Francine Mambuca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01 (631)582-2222
Date Daytime Phone #

CR2E034 (10/00)