

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90141 018 ***158.75

DOCUMENT # F96000001423

1. Entity Name
A.R.C. NETWORKS, INC.

Principal Place of Business

**175 PINELAWN ROAD
MELVILLE NY 11747
US**

Mailing Address

**175 PINELAWN ROAD
MELVILLE NY 11747
US**

2. Principal Place of Business

**175 Pinelawn Rd.
Suite, Apt. # etc.
Suite 408**

3. Mailing Address

**Same as
above**

City & State

**Melville, NY
Zip 11747 Country USA**

City & State

**Same as
above**

4. FEI Number

11-3240814

Applied For

Not Applicable

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, 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	PCD-	<input type="checkbox"/> Delete
NAME	PARRINELLO, PETER F	
STREET ADDRESS	175 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	EV	<input type="checkbox"/> Delete
NAME	GREGORY, JOSEPH	
STREET ADDRESS	175 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MAMBUCA, FRANCINE	
STREET ADDRESS	175 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARBER, CHARLES N	
STREET ADDRESS	175 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
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	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parrinello, Peter	
STREET ADDRESS	1333 Broadway 10 Floor	
CITY-ST-ZIP	NY, NY 10018	
TITLE	CEO, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph A. Gregory	
STREET ADDRESS	175 Pinelawn Rd. Suite 408	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francine Mambuca	
STREET ADDRESS	175 Pinelawn Rd. Suite 408	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Seidenberg	
STREET ADDRESS	175 Pinelawn Rd.	
CITY-ST-ZIP	Suite 408 Melville NY 11747	
TITLE	VP of Sales & Marketing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Karoczkai	
STREET ADDRESS	1333 Broadway 10 Floor	
CITY-ST-ZIP	NY, NY 10018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/12/02
Date

631-249-1616
Daytime Phone #

CR2E034 (9/01)