

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-14-2002 90061 012 ***150.00

DOCUMENT # P01000110580

1. Entity Name

IMPAC LOGISTIC SERVICES, INC.

Principal Place of Business

587 INDUSTRIAL RD.
CARLSTADT, NJ 07072

Mailing Address

587 INDUSTRIAL RD
CARLSTADT, NJ 07072

2. Principal Place of Business

587 INDUSTRIAL RD

Suite, Apt. #, etc.

P.O. Box 188

3. Mailing Address

587 INDUSTRIAL RD

Suite, Apt. #, etc.

P.O. Box 188

City & State

CARLSTADT, NJ

City & State

CARLSTADT, NJ

Zip

07072

Country

USA

Zip

07072

Country

USA

4. FEI Number

30-0005607

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

7. Name and Address of New Registered Agent

Name STEVEN MOSES
Street Address (P.O. Box Number is Not Acceptable)
10800 N.W. 103RD STREET
BEACON STATION
City MIAMI FL Zip Code 33178

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.

STEVEN MOSES

(NOTE: Registered Agent signature required when reinstating)

2.11.02

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME MOSES, STEVEN
STREET ADDRESS 297 GETTY AVENUE
CITY-ST-ZIP PATERSON NJ 07503 ☐ DeleteTITLE PRESIDENT
NAME RICHARD SAPIENZA
STREET ADDRESS 587 INDUSTRIAL RD
CITY-ST-ZIP CARLSTADT, NJ 07072 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

STEVEN MOSES 2.11.02 (201) 460-0900

CR2E034 (9/01)