2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOC

1. Entity N

IMPAC



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90091 026 ***150.00

UMENT #	P01000110580	
LOGISTIC SER	VICES, INC.	
lace of Business	Mailing Address	

Principal P 587 INDUSTRIAL ROAD P.O BOX 188 CARLSTADT NJ 07072

MOSES, STEVEN

10800 NW 103RD STREET

587 INDUSTRIAL ROAD P.O BOX 188 CARLSTADT NJ 07072

2. Principal Place of Business	3. Mailing Address		
One American Way	One American Way		
Po Box 2398	Suite, Apt. #, etc. PO Box 2398		
City & State Secaucus - NJ	Secaucus NJ		
7096-2398 USA	07096-2398 USA		
6. Name and Address of Current Registered Agent			

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 30-0005607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

BEACON STATION MIAMI FL 33178	City
8. The above named entity submits this statement for	or the purpose of changing its registered office or registered agent, or both,

in the State of Florida. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

:	Signature, typed or printed name of registered agent and title if app	licable.
	FILE NOW!!! FEE IS \$150.00	
	After May 1, 2003 Fee will be \$550.00	
Ма	ke Check Payable to Florida Department of State	

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSES, STEVEN 297 GETTY AVENUE PATERSON NJ 07503	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	One American Way PO Box 2398 Secaucus NJ 07096-2398
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAPIENZA, RICHARD 587 INDUSTRIAL ROAD CARLSTADT NJ 07072	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	One American Wax PO Box 2398 Secaucus NJ 07096-2398
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 supplier tal 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 trusper 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 a attachment with

SIGNATURE: