

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
 05-24-2002 90555 019 \*\*\*150.00

**DOCUMENT # P93000073512**

1. Entity Name

**PREFERRED FREEZER SERVICES MIAMI, INC.**

Principal Place of Business

**2900 NW 75TH STREET  
 MIAMI FL 33147**

Mailing Address

**536 FAYETTE STREET  
 P.O. BOX 2060  
 PERTH AMBOY NJ 08861  
 US**

2. Principal Place of Business

3. Mailing Address

**231 Elm Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Perth Amboy, NJ**

Zip

Country

Zip

Country

**08861**

4. FEI Number

**65-0444519**

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

**LEVINE, ALLEN M  
 BECHER & POLRAHOFF, P.A.  
 3111 STIRLING ROAD  
 FORT LAUDERDALE FL 33312**

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 **P GALIHER, JOHN J**  
 STREET ADDRESS **30 HAIGLAND COURT**  
 CITY-ST-ZIP **BRIDGEWATER NJ 08807**

TITLE ☒ Change ☐ Addition  
 NAME **P Galier, John J.**  
 STREET ADDRESS **30 HAIGLAND COURT**  
 CITY-ST-ZIP **Bridgewater, NJ 08807**

TITLE ☐ Delete  
 NAME **V GIAROPPELLI, JOHN C**  
 STREET ADDRESS **900 PALISADE AVE, APT. 2105**  
 CITY-ST-ZIP **BRIDGEWATER NJ 08807**

TITLE ☒ Change ☐ Addition  
 NAME **V GIACOPELLI, JOHN C.**  
 STREET ADDRESS **900 Palisades Ave, Apt. 2105**  
 CITY-ST-ZIP **Fort Lee, NJ 07024**

TITLE ☐ Delete  
 NAME **S GIAROPPELLI, RICHARD J**  
 STREET ADDRESS **16 WOODLAND ROAD**  
 CITY-ST-ZIP **WOODCLIFF LAKE NJ 07675**

TITLE ☒ Change ☐ Addition  
 NAME **S GIACOPELLI, RICHARD J.**  
 STREET ADDRESS **16 Woodland Road**  
 CITY-ST-ZIP **Woodcliff Lake, NJ 07675**

TITLE ☐ Delete  
 NAME **T SCOTT, JOSEPH T**  
 STREET ADDRESS **7 GREENWOOD ROAD**  
 CITY-ST-ZIP **OLD TAPPAN NJ 07675**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)