

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90295 040 ***150.00

042858

DOCUMENT # F00000001602

1. Entity Name
CAL E & S BROKERS, INC.

Principal Place of Business
28 B PARK AVENUE
BAY SHORE NY 11706

Mailing Address
28 B PARK AVENUE
BAY SHORE NY 11706

2. Principal Place of Business
182-A ORINOCO DRIVE
 Suite, Apt. #, etc.
2ND FLOOR

3. Mailing Address
182-A ORINOCO DRIVE
 Suite, Apt. #, etc.
2ND FLOOR

City & State
BRIGHTWATERS, NEW YORK
 Zip
11718
 Country
U.S.A.

City & State
BRIGHTWATERS, N.Y.
 Zip
11718
 Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **11-3528753** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CALIGIURI, PASQUALE
5575 LAS BRISAS
VERO BEACH FL 32967

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	CPT CALIGIURI, JOSEPH F 154 CONCOURSE EAST BRIGHTWATERS NY 11718	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVS CALIGIURI, COLLEEN M 154 CONCOURSE EAST BRIGHTWATERS NY 11718	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALIGIURI, PASQUALE F 5575 LAS BRISAS VERO BEACH FL 32967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEN, DONALD E 125 EDWARDS #31 BUFFALO NY 14201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/SECRETARY STEPHEN GENATT 820 Park Avenue New York, N.Y. 10021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LESLIE GENATT 68 WHEATLEY ROAD Brookville, N.Y. 11545	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL GENATT 4 VICTORIAN LA. Brookville, N.Y. 11545	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PETER GENATT 45 East 89th Street Apt. 29C New York, N.Y. 10028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD GENATT 1554 Old Cedar Swamp Road Brookville, N.Y. 11545	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: Joseph F. Caligiuri JOSEPH F. CALIGIURI; 3/01 631-969-1900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)