# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 23, 2002 8:00 am**
**Secretary of State**
01-23-2002 90006 019 ***150.00

DOCUMENT # F00000002016

1. Entity Name
AMERICAN PORTFOLIOS FINANCIAL SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~390 NO. BROADWAY STE. 190~~<br>~~JERICHO NY 11753~~ | ~~390 NO. BROADWAY STE. 190~~<br>JERICHO NY 11753 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4250 Veterans Memorial Hwy | 4250 Veterans Memorial Hwy |
| Suite, Apt. #, etc.: 410 E | Suite, Apt. #, etc.: 410 E |
| City & State: Holbrook NY | City & State: Holbrook NY |
| Zip: 11741 Country: USA | Zip: 11741 Country: USA |

4. FEI Number 11-3018002 ☐ 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 |
|---|---|
| KOSOW, HERBERT<br>10311 COPPERLAKE DRIVE<br>BOYNTON BEACH FL 33437 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 1/8/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BAIATA, FRANK<br>390 NO. BROADWAY STE 190<br>JERICHO NY 11753 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>4250 Veterans Memorial Hwy<br>Holbrook NY 11741 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CROSS, RICHARD<br>660 WHITE PLAINS ROAD<br>TARRYTOWN NY 10591 | ☒ 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<br>VICE President<br>Lon T. Dolber<br>4250 Veterans Memorial Hwy<br>Holbrook, NY 11741 |
| 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 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / 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:** _____ 1/8/02 631 439 4600 x130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)