

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # F01000000752**

1. Entity Name  
**THE CANTOR SEINUK GROUP, INC.**



01-27-2003 90292 001 \*\*\*150.00  
01-27-2003 90292 002 \*\*\*\*\*8.75

Principal Place of Business

**228 EAST 45TH STREET  
NEW YORK NY 10017-3303**

Mailing Address

**228 EAST 45TH STREET  
NEW YORK NY 10017-3303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**13-2728400**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DELAster, JACK  
1450 BRICKELL BAY DRIVE  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SWINUK, VERSEL A**  
STREET ADDRESS **82 TENNIS PLACE**  
CITY-ST-ZIP **FOREST HILLS NY**

TITLE **P-CEO** ☒ Change ☐ Addition  
NAME **Seinuk, Ysrael A**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **SALCEDO, ESTANISLAO**  
STREET ADDRESS **12 TERRY TERRACE**  
CITY-ST-ZIP **SOMERSET NJ**

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

TITLE **V** ☐ Delete  
NAME **MARCUS, SILVIAN**  
STREET ADDRESS **6 SUNSET CIRCLE**  
CITY-ST-ZIP **HASTINGS-ON-HUDSON NY**

TITLE **EVP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **RAHIMIAN, AHMAD**  
STREET ADDRESS **28 SUTTON PLACE**  
CITY-ST-ZIP **MANHASSET NY**

TITLE **EVP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **SMILOW, JEFFREY**  
STREET ADDRESS **58 BIRCHARD AVENUE**  
CITY-ST-ZIP **STATEN ISLAND NY**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **50 Regent Street**  
CITY-ST-ZIP **Bergenfield, NJ 07621**

TITLE **V** ☐ Delete  
NAME **MOAZAMI, KAMRAN**  
STREET ADDRESS **7 PROSPECT AVENUE**  
CITY-ST-ZIP **PORT WASHINGTON NY**

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SEINUK, YSRAEL A**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-03**

**212/687-9888**

Date Daytime Phone #

CR2E034 (10/02)