

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90128 035 \*\*\*150.00

**DOCUMENT # F02000004734**

1. Entity Name  
**BETA REO CORP.**



Principal Place of Business

**C/O GREENPOINT BANK  
90 PARK AVENUE  
NEW YORK NY 10016**

Mailing Address

**C/O GREENPOINT BANK  
90 PARK AVENUE  
NEW YORK NY 10016**

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

**11-3218525**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **PANELINO, LYNNE**  
CITY-ST-ZIP **1981 MARCUS AVENUE  
LAKE SUCCESS NY 11042**

TITLE ☐ Change ☒ Addition  
NAME **V/S**  
STREET ADDRESS **ROBERT TRAMANTANO**  
CITY-ST-ZIP **90 PARK AVENUE  
NEW YORK, N.Y. 10016**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **PERILLO, JOSEPH**  
CITY-ST-ZIP **90 PARK AVENUE  
NEW YORK NY 10016**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **TUSSEY, DENNIS**  
CITY-ST-ZIP **2300 BROOKSTONE CENTRE PARKWAY  
COLUMBUS GA 31909**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **VOLPE, FRANK**  
CITY-ST-ZIP **1981 MARCUS AVENUE  
LAKE SUCCESS NY 10042**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **HRYCAK, GREG**  
CITY-ST-ZIP **1981 MARCUS AVENUE  
LAKE SUCCESS NY 10042**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GIARAMIDA, ANGELA**  
CITY-ST-ZIP **90 PARK AVENUE  
NEW YORK NY 10016**

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: Robert Tramantano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANUARY 9, 2003 212-834-1073**

Date

Daytime Phone #

CR2E034 (10/02)