

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000464

1. Entity Name

FIRST COLONIAL SECURITIES GROUP, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90155 035 ***150.00

Principal Place of Business

Mailing Address

1499 W PALMETTO PARK ROAD
SUITE 312
BOCA RATON FL 33486
US

1499 W PALMETTO PARK ROAD
SUITE 312
BOCA RATON FL 33431-0714
US

2. Principal Place of Business

3010 N. Military Trail
Suite, Apt. #, etc.
St. 300

3. Mailing Address

3010 N. Military Trail
Suite, Apt. #, etc.
St. 300

City & State

Boca Raton FL
Zip 33431 Country

City & State

Boca Raton FL
Zip 33431 Country

4. FEI Number

22-2987002

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

GOLDEN, MICHAEL E
1499 W. PALMETTO ROAD
SUITE 312
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2000 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 DPT
NAME GOLDEN, MICHAEL E
STREET ADDRESS 401 N RTE 73 STE 202
CITY-ST-ZIP MARLTON NJ ☐ Delete

TITLE CHAIRMAN OF THE BOARD, CEO
NAME MICHAEL E. GOLDEN
STREET ADDRESS 1499 W. Palmetto Park Rd, Suite 312
CITY-ST-ZIP Boca Raton, FL 33486 ☐ Change ☐ Addition

TITLE VC
NAME SCHWARTZ, STEVEN D
STREET ADDRESS 401 N RTE 73 STE 202
CITY-ST-ZIP MARLTON NJ ☒ Delete

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

TITLE DV
NAME MANIOFF, LEWIS
STREET ADDRESS 401 NORTH RTE 73 SUITE 202
CITY-ST-ZIP MARLTON NJ ☐ Delete

TITLE SECRETARY, Director
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT & Director
NAME LARRY KATZ
STREET ADDRESS 919 Third Ave, 11th Fl
CITY-ST-ZIP New York, NY 10022 ☐ 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

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 #

3/31/00

CR2E034 (9/99)