

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90155 035 \*\*\*150.00

**DOCUMENT # F94000000464**

1. Entity Name  
**FIRST COLONIAL SECURITIES GROUP, INC.**

Principal Place of Business <b>1499 W PALMETTO PARK ROAD          SUITE 312          BOCA RATON FL 33486          US</b>	Mailing Address <b>1499 W PALMETTO PARK ROAD          SUITE 312          BOCA RATON FL 33491-0714          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3010 N. Military Trail          Suite, Apt. #, etc.          St. 300</b>	3. Mailing Address <b>3010 N. Military Trail          Suite, Apt. #, etc.          St. 300</b>
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City & State <b>Boca Raton FL</b>	City & State <b>Boca Raton FL</b>
Zip <b>33431</b>	Zip <b>33431</b>
Country	Country

4. FEI Number <b>22-2987002</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME GOLDEN, MICHAEL E	
STREET ADDRESS 401 N RTE 73 STE 202	
CITY-ST-ZIP MARLTON NJ	
TITLE VC	<input checked="" type="checkbox"/> Delete
NAME SCHWARTZ, STEVEN D	
STREET ADDRESS 401 N RTE 73 STE 202	
CITY-ST-ZIP MARLTON NJ	
TITLE DV	<input type="checkbox"/> Delete
NAME MANILOFF, LEWIS	
STREET ADDRESS 401 NORTH RTE 73 SUITE 202	
CITY-ST-ZIP MARLTON NJ	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>CHAIRMAN OF THE BOARD, CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MICHAEL E. GOLDEN</b>	
STREET ADDRESS <b>1499 W. Palmetto Park Rd, Suite 312</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33486</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>SECRETARY, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>PRESIDENT + Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LARRY KATZ</b>	
STREET ADDRESS <b>919 Third Ave, 11th Fl</b>	
CITY-ST-ZIP <b>New York, NY 10022</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: [Signature] **SIGNATURE REQUIRED** 3/31/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)