

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90015 018 ***150.00

DOCUMENT # F94000006176

1. Entity Name
SCHONFELD SECURITIES, INC.

Principal Place of Business

**1 JERICHO PLAZA - 3RD FL.
 JERICHO NY 11753**

Mailing Address

**1 JERICHO PLAZA - 3RD FL.
 JERICHO NY 11753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2920865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHONFELD, STEVEN B
 5200 TOWN CENTER CIRCLE
 SUITE 308
 BOCA RATON FL 33486**

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.

SIGNATURE

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. ☐

**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 ☐ Delete

**P
 SCHONFELD, STEVEN B
 171 DORAL COURT
 NORTH HILLS NY**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

**VS
 LICURSI, KATHRYN
 3 FISHCREEK LANE
 REMSENBERG NY**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
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TITLE NAME ☐ Delete

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TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

13. I hereby certify that the information supplied in 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steven Schonfeld

2-14-02

516 820 0202

Date

Daytime Phone #

CR2E034 (9/01)