

2000 UNIFORM BUSINESS REPORT (UBR)

0006940

DOCUMENT # F98000001941

1. Entity Name

NORTHEAST RISK MANAGEMENT GROUP, INC.

FILED

00 FEB 14 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

Principal Place of Business

Mailing Address

333 EARLE OVINGTON BLVD. SUITE 706
MITCHEL FIELD NY 11553

333 EARLE OVINGTON BLVD. SUITE 706
MITCHEL FIELD NY 11553-3610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-3086088

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZARUS, HOWARD
79-13 SONORA ST
BOYNTON BEACH FL 33437

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. (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 P ☐ Delete
NAME LUKASZEWICZ, DARLENE
STREET ADDRESS 52 EASTFIELD LANE
CITY-ST-ZIP MELVILLE NY 11747

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

TITLE V ☐ Delete
NAME DERRONE, STEPHEN
STREET ADDRESS 55 BRIXTON RD
CITY-ST-ZIP GARDEN CITY NY 11530

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

TITLE ST ☒ Delete
NAME MOYSAK, THOMAS
STREET ADDRESS 261 MEREDITH LANE
CITY-ST-ZIP W. HEMPSTEAD NY 11552

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darlene A. Lukaszewicz 2/11/00 516-774-2222

Date

Daytime Phone #

CR2E034 (9/99)