

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002389

1. Entity Name

NORTHEAST SECURITIES OF NEW YORK, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90047 036 ***150.00

Principal Place of Business

Mailing Address

333 EARLE OVINGTON BLVD., 7TH FL.
MITCHEL FIELD NY 11553

333 EARLE OVINGTON BLVD., 7TH FL.
MITCHEL FIELD NY 11553-3610

80013115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2997095

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

FARRUGGIO, THOMAS
101 E. KENNEDY BLVD., STE. 1160
TAMPA FL 33602

Name FARRUGGIO, THOMAS

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

9435 LARKBURNING DRIVE

City TAMPA

FL

Zip Code 33647

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 ☐ Delete
NAME CD
STREET ADDRESS PERRONE, STEPHEN
CITY-ST-ZIP 55 BRIXTON RD.
GARDEN CITY NY 11530

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

TITLE ☐ Delete
NAME CP
STREET ADDRESS MOYSAK, THOMAS J
CITY-ST-ZIP 7 MAHONEY PLACE
NORTH MARY TOWN NY 11552

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7 MAHONEY PLACE
CITY-ST-ZIP SLEEPY HOLLOW NY 10591

TITLE ☐ Delete
NAME DP
STREET ADDRESS MOYSAK, THOMAS J
CITY-ST-ZIP 7 MAHONEY PLACE
NORTH MARY TOWN NY 11552

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7 MAHONEY PLACE
CITY-ST-ZIP SLEEPY HOLLOW, NY 10591

TITLE ☐ Delete
NAME V
STREET ADDRESS HARTZMAN, MICHAEL
CITY-ST-ZIP 18 NARCISUS DRIVE
SYUSSET NY 11791

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS BENEDETTO, MARC
CITY-ST-ZIP 1682 ROLAND AVE.
WANTAGH NY 11793

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARC BENEDETTO
SECRETARY 01/27/2000 (516) 222-5300