

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000002389**

1. Entity Name

NORTHEAST SECURITIES OF NEW YORK, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-2997095**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FARRUGGIO, THOMAS
9435 LARKBUNTING DR
TAMPA FL 33647**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	PERRONE, STEPHEN	55 BRIXTON RD.	GARDEN CITY NY 11530	<input type="checkbox"/>

CP	MOYSAK, THOMAS J	7 MAHONEY PLACE	SLEEPY HOLLOW NY 10591	<input checked="" type="checkbox"/>
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DP	MOYSAK, THOMAS J	7 MAHONEY PLACE	SLEEPY HOLLOW NY 10591	<input checked="" type="checkbox"/>
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V	HARTZMAN, MICHAEL	18 NARCISUS DRIVE	SYUSSET NY 11791	<input checked="" type="checkbox"/>
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ST	BENEDETTO, MARC	1682 ROLAND AVE.	WANTAGH NY 11793	<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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TREASURER	MARC BENEDETTO	1682 ROLAND AVENUE	WANTAGH, NY 11793	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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: *Marc Benedetto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARC BENEDETTO
SECRETARY 01/08/2001 (576) 222-5300**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90018 007 ***150.00

A0006244

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)