

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002971

1. Entity Name

ALFRED SECURITIES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90090 012 ***150.00

Principal Place of Business

120 BROADWAY, STE 7010
NEW YORK NY 10271

Mailing Address

120 BROADWAY, STE 7010
NEW YORK NY 10271-0002

2. Principal Place of Business

120 BROADWAY

3. Mailing Address

120 BROADWAY

Suite, Apt. #, etc.

STE. 960-10

Suite, Apt. #, etc.

STE. 960-10

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10271

Country

US

Zip

10271

Country

US

4. FEI Number

22-2465821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRISTENFELD, FRED A
1039 HILLSBORO MILE #23F
HILLSBORO BEACH FL 33067

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33062

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRISTENFELD, FRED A	
STREET ADDRESS	5700 ARLINGTON AVE. #15B	
CITY-ST-ZIP	RIVERDALE NY 10471	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	FEITELL, ALAN E	
STREET ADDRESS	250 E. 40TH ST.	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEITELL, ALAN E.	
STREET ADDRESS	1101 ADAMS ST.	
CITY-ST-ZIP	HOBOKEN, NJ 07030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Fred A. Cristenfeld FRED A. CRISTENFELD

Date

Daytime Phone #

212-433-7808

CR2E034 (9/99)