

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003497

1. Entity Name

CREDITRISKMONITOR.COM, INC.

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90006 009 \*\*\*150.00

Principal Place of Business

110 JERICHO TURNPIKE  
STE 202  
FLORAL PARK NY 11001  
US

Mailing Address

110 JERICHO TURNPIKE  
STE 202  
FLORAL PARK NY 11001  
US

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 36-2972588

Applied For

Not Applicable

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

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete  
NAME FLUM, JEROME  
STREET ADDRESS 9 DUNHAM ROAD  
CITY-ST-ZIP SCARSDALE NY 10583

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

TITLE VS ☐ Delete  
NAME FENSTERSTOCK, LAWRENCE  
STREET ADDRESS 2955 LONNI LANE  
CITY-ST-ZIP MERRICK NY 11566

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

TITLE D ☐ Delete  
NAME CHARM, LESLIE  
STREET ADDRESS 39 HOLDEN LANE  
CITY-ST-ZIP CONCORD MA 01742

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

TITLE D ☐ Delete  
NAME JAMES, RICHARD  
STREET ADDRESS 63 ALDERWOOD ROAD  
CITY-ST-ZIP NEWTON MA 02459

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

TITLE V ☐ Delete  
NAME DEMARTINO, JOSEPH  
STREET ADDRESS 44 HOLLAND AVE  
CITY-ST-ZIP FLORAL PARK NY 11001

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

2/15/01  
Date

516-620-5400  
Daytime Phone #

CR2E034 (10/00)