

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G62725

1. Entity Name

A.F. BEST SECURITIES, INC.

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

02-04-2000 90053 036 \*\*\*150.00

Principal Place of Business

Mailing Address

3111 UNIVERSITY DR.  
SUITE 625  
CORAL SPRINGS FL 33065

3111 UNIVERSITY DR.  
SUITE 625  
CORAL SPRINGS FL 33334-3621

2. Principal Place of Business

3. Mailing Address

Radice Corporate Center  
Suite, Apt. #, etc.

Radice Corporate Center  
Suite, Apt. #, etc.

800 Corporate Drive

800 Corporate Drive

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

Zip  
33334

Country  
USA

Zip  
33334

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2325576

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

NORTH FLORIDA REGISTERED AGENTS INC  
200 EAST LAS OLAS BLVD., SUITE 1900  
FT. LAUDERDALE FL 33301

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
APPELBAUM, ALAN Z  
8195 NW 47 DRIVE  
CORAL SPRINGS FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
CLANCY, SEAN M  
211 BALCROSS DR  
BAL HARBOUR FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
ROSA, DENNIS J  
9740 NW 48TH DR  
CORAL SPRINGS FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
TABATCHNICK, BRUCE J.  
4787 NW 67TH AVENUE  
LAUDERHILL FL 33319 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MOLINARI, JEFFREY T  
40 BROOKSIDE DRIVE  
PLANDOME NY ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 #