

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90057 048 ***150.00

057459

DOCUMENT # P07898

1. Entity Name

WIEN SECURITIES CORP.

Principal Place of Business

**525 WASHINGTON BLVD
 JERSEY CITY NJ 07310
 US**

Mailing Address

**525 WASHINGTON BLVD
 JERSEY CITY NJ 07310
 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 **22-2481009**

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

**WIEN, STEPHEN S
 2528 NW 63RD STREET
 BOCA RATON FL 33496**

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	D	<input type="checkbox"/> Delete
NAME	BRETT, WIEN	
STREET ADDRESS	300 WINSTON DRIVE APT. 2311	
CITY-ST-ZIP	CLIFFSIDE PARK NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENOVESI, ARTHUR	
STREET ADDRESS	43 ADLAI CIRCLE	
CITY-ST-ZIP	STATEN ISLAND NY	
TITLE	SDP	<input type="checkbox"/> Delete
NAME	WIEN, EDITH	
STREET ADDRESS	GRAHAM ST.	
CITY-ST-ZIP	ALPHINE NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	GROMEK, LORRAINE	
STREET ADDRESS	101 HOBART AVE.	
CITY-ST-ZIP	BAYONNE NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIEN, LAWRENCE SCOTT	
STREET ADDRESS	1530 PALISADES AVE	
CITY-ST-ZIP	FORT LEE NJ	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	WIEN, STEPHEN S	
STREET ADDRESS	2528 NW 63RD STREET	
CITY-ST-ZIP	BOCA RATON FL	

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		
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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 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

Jan. 9, 2001

Date

(201) 216-0100

Daytime Phone #

CR2E034 (10/00)

702453



DO NOT WRITE IN THIS SPACE