2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 1. Entity Name FIRST MONTAUK SECURITIES CORP. Principal Place of Business Mailing Address

FILED Jun 06, 2000 8:00 am Secretary of State

06-06-2000 90004 001 ***150.00

Parkway 109 Office Center 328 Newman Springs Road Red Bank, New Jersey 07701		Parkway 109 Office Center 328 Newman Springs Road Red Bank, New Jersey 07701				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.,		DO NOT WRITE IN THIS SPACE		
City & State	e	City & State		4. FEI Number		Applied For Not Applicable
Zip	Country	Zip	Country	11-2644141 5. Certificate of Status Desired [□ \$8.75 Fee Re	Additional
	[6. Name and Address of Current R	egistered Agent	I Name	7. Name and Address of New Regis		
	PORATION SYSTEM . PINE ISLAND ROAD TION FL 33324		Street Address	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	ll registered office or registe	ered agent, or both, in the State of Florida.		
9. This corporTax filing re	Signature, typed or printed name of registered agent an ration' is elligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!	E: Registered Agent signature require III: FEE.18: \$150.00 00 Fee will be \$550.00 sie to Department of St	-10. Eléction Campaign Financi Trust Fund Contribution.	'	55.00 May Be added to Fees
11.	OFFICERS AND D	建筑的是中国的企业的企业的	12.	ADDITIONS/CHANGES TO OFFICER	RS AND DIREC	TORS IN 11
TITLE NAME	PD KURINSKY, HERBERT	☐ Delete	TITLE NAME		☐ Cha	ange 🗌 Addition
STREET ADDRESS CITY-ST-ZIP	328 NEWMAN SPRINGS RED BANK, NJ 0770		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KURINSKY, WILLIAM J 328 NEWMAN SPRINGS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	☐ Cha	inge 🗔 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RED BANK, NJ 07701 D KURINSKY, WILLIAM J 328 NEWMAN SPRINGS		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	inge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RED BANK, NJ07.7.01	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP		☐ Cha	inge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	,	☐ Cha	inge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge 🔲 Addition

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 exclass, with all other like empowered.

SIGNATURE:

WILLIAM J. KURINSKY E OF SIGNING OFFICER OR DIRECTOR

5/15/00

732-842-4700

Daytime Phone #