

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90028 023 \*\*\*150.00

DOCUMENT # **P22137** ✓

1. Entity Name

FIRST MONTAUK SECURITIES CORP.

**DO NOT WRITE IN THIS SPACE**

**B0018428**

2. Principal Place of Business

328 Newman Springs Road

Suite, Apt. #, etc.

Red Bank, NJ 07701

City & State

3. Mailing Address

328 Newman Springs Road

Suite, Apt. #, etc.

Red Bank, NJ 07701

City & State

4. FEI Number

11-2644141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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 transacting)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
KURINSKY, HERBERT  
328 NEWMAN SPRINGS ROAD  
RED BANK, NJ 07701

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VST  
KURINSKY, WILLIAM J.  
328 NEWMAN SPRINGS ROAD  
RED BANK, NJ 07701

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
KURINSKY, WILLIAM J.  
328 NEWMAN SPRINGS ROAD  
RED BANK, NJ 07701

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. KURINSKY

1/17/2002

Date

732-842-4700

Daytime Phone #

CR2E034B (12/01)