

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23217

1. Entity Name

WALL STREET EQUITIES INCORPORATED

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90025 047 \*\*\*150.00

Principal Place of Business

Mailing Address

40 EXCHANGE PLACE  
 NEW YORK NY 10005

40 EXCHANGE PLACE  
 NEW YORK NY 10005-2701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

9TH Floor

Suite, Apt. #, etc.

9TH Floor

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3362908

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 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, 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 PD ☐ Delete  
 NAME DEFELICE, RICHARD  
 STREET ADDRESS 40 EXCHANGE PLACE  
 CITY-ST-ZIP NEW YORK NY 10005

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

TITLE VD ☐ Delete  
 NAME DEFELICE, EDWARD  
 STREET ADDRESS 40 EXCHANGE PLACE  
 CITY-ST-ZIP NEW YORK NY 10005

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

TITLE STD ☐ Delete  
 NAME BERTI, RONALD EDMUND  
 STREET ADDRESS 40 EXCHANGE PLACE  
 CITY-ST-ZIP NEW YORK NY 10005

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

TITLE VD ☐ Delete  
 NAME ALVAREZ, JULIAN  
 STREET ADDRESS 40 EXCHANGE PL  
 CITY-ST-ZIP NEW YORK NY 10005

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

TITLE ~~Cullen~~ ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Cullen, FRANK ☐ Change ☒ Addition  
 NAME 40 Exchange Pl  
 STREET ADDRESS New York, NY 10005  
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Date

(516) 481-1515

Daytime Phone #

CR2E034 (9/99)