

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P37287**

1. Entity Name

**CURZON SECURITIES, INC.****FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90169 045 \*\*\*150.00

Principal Place of Business

Mailing Address

**TWO WISCONSIN CIRCLE, SUITE 700  
CHEVY CHASE MD 20815****TWO WISCONSIN CIRCLE, SUITE 700  
CHEVY CHASE MD 20815-7007**

2. Principal Place of Business

3. Mailing Address

**8000 OLD GEORGETOWN ROAD****8000 OLD GEORGETOWN ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**BETHESDA, MD****BETHESDA, MD**

Zip

Country

**20814-2427****USA**

Zip

Country

**20814-2427****USA**

4. FEI Number

**52-1609515**

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

**DIPASQUALE, TARA A  
11309 KNOT WAY  
COOPER CITY FL 33026**

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
CP	PLOTNEK, HAROLD	9200 REDWOOD AVE.	BETHESDA MD 20817	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	PLOTNEK, DAVID	2 WISCONSIN CIR. #700	CHEVY CHASE MD 20815	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VST	KAUFMAN, JAY	7520 ARROWOOD ROAD	BETHESDA MD 20817	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

**JAY KAUFMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/13/00**  
Date**301/951-5804**  
Daytime Phone #

CR2E034 (9/99)