

732695

2015 Mar 31 AM11:39

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Gisella Melendez 800-331-3282	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071, USA efiling@wolterskluwer.com (Fax)818-662-4141	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME TAPY TAXI, INC.				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 238-19 117TH ROAD		CITY ELMONT	STATE NY	POSTAL CODE 11003 COUNTRY USA
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION NY	1g. ORGANIZATIONAL ID #, if any None <input checked="" type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME TANIS		FIRST NAME ANOPHENE	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 238-19 117TH ROAD		CITY ELMONT	STATE NY	POSTAL CODE 11003 COUNTRY USA
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any None <input checked="" type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME LOMTO FEDERAL CREDIT UNION				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 50-24 Queens Blvd.		CITY Woodside	STATE NY	POSTAL CODE 11377 COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN AND TO THAT CERTAIN NYC TAXICAB MEDALLION #8D91 ISSUED BY THE CITY OF NEW YORK AND OWNED OR TO BE OWNED BY THE DEBTOR.
ALL OF DEBTOR'S CONTRACT RIGHTS, ACCOUNTS RECEIVABLE (INCLUDING BUT NOT LIMITED TO PAYMENTS RECEIVED OR DUE UNDER ANY LEASE AGREEMENT(S)) AND ALL TANGIBLE AND INTANGIBLE ASSETS NOW OWNED OR LATER ACQUIRED AND ALL PROCEEDS AND PRODUCTS FROM ALL COLLATERAL COVERED BY THIS FINANCING STATEMENT, WHETHER OR NOT PURCHASED WITH LOAN PROCEEDS.
ALL EQUIPMENT INCLUDING BUT NOT LIMITED TO ANY VEHICLE ATTACHED, METER, RATE CARD, ROOF LIGHT(S) AND OR INCIDENTAL TO THE OPERATION OF SAID TAXICAB MEDALLION #8D91 AND ALL OTHER ITEMS OF PROPERTY USED IN CONJUNCTION WITH DEBTORS OPERATION OF TAXICABS, TOGETHER WITH ALL SUBSTITUTIONS OR REPLACEMENTS OF SUCH COLLATERAL AND ALL ADDITIONS AND ACCESSORIES THERETO.
ALL INSURANCE POLICIES AND ANY PROCEEDS THEREFROM, CONTRACTS AND ALL OTHER RIGHTS ARISING FROM SAID TAXICAB MEDALLION #8D91.
ALL MODIFICATIONS, RENEWALS AND EXTENSIONS OF THE LOAN(S) SECURED BY THE AFOREMENTIONED COLLATERAL AND ALL FUTURE ADVANCES WHETHER OR NOT CONTEMPLATED BY THE PARTIES.

5. ALTERNATIVE DESIGNATION [if applicable]:		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA NY-0-47386112-49710756							

Filing Number-201503315325956

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT9a. ORGANIZATION'S NAME **TAPY TAXI, INC.**

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME **GELIN**FIRST NAME **ELISABETTE**

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS **119 BLACKSTONE STREET**CITY **ELMONT**

STATE

POSTAL CODE

COUNTRY

NY**11003****USA**11d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

None☒ NONE**12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years