

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01770

1. Entity Name

B & B LIQUIDATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90201 002 ***150.00

Principal Place of Business

Mailing Address

201 S BISCAYNE BLVD
SUITE 2950
MIAMI FL 33131
US

16 EAST 52ND ST
STE 501
NEW YORK NY 10022-5306
US

2. Principal Place of Business

10 Bank St.

3. Mailing Address

10 BANK St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 560

Suite 560

City & State

White Plains NY

City & State

White Plains NY

Zip

Country

10606

Zip

Country

10606



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0201574

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

UNITED CORPORATE SERVICES, INC.
9200 S DADELAND BLVD
STE 508
MIAMI FL 33156

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

same registered agent retained

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
NAME BRONSON, STEVEN N
STREET ADDRESS 16 EAST 52ND ST STE 501
CITY-ST-ZIP NEW YORK NY 10002

☐ Delete

TITLE PD
NAME Bronson, Steven N.
STREET ADDRESS 900 Third Ave, Suite 201
CITY-ST-ZIP New York, NY 10022

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

Signature and Typed or Printed Name of Signing Officer or Director: Steven N. Bronson 1/10/00 212 610 2778

Date

Daytime Phone #

CR2E034 (9/99)