

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 29 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 677800

1. Entity Name
BBJ PRODUCTS, INC.



Principal Place of Business

700 SYLVAN AVE
ENGLEWOOD CLIFFS, NJ 07632

Mailing Address

700 SYLVAN AVE
ENGLEWOOD CLIFFS, NJ 07632



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2025292

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional -
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRICKLAND, DAVID J
STREET ADDRESS	390 PARK, AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	ASD
NAME	RODIN, ANTHONY B
STREET ADDRESS	700 SYLVAN AVE.
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	AS
NAME	LEONARD, KENNETH C
STREET ADDRESS	33 BENEDICT PLACE
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	T
NAME	KRANTZ, JOHN
STREET ADDRESS	800 SYLVAN AVENUE
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	VASD
NAME	ASCHWARTZ, DAVID
STREET ADDRESS	33 BEVEDICT PL
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/04--01095--030 **150.00

DO NOT WRITE
IN THIS SPACE

12. 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 10 or Block 11 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

Date

Daytime Phone #

1/13/04

201-894-2496