

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90112 020 ***150.00

DOCUMENT # 852440

1. Entity Name

THE BLACK PRINCE DISTILLERY, INC.

Principal Place of Business

Mailing Address

691 CLIFTON AVE.
 CLIFTON NJ 07015

P O BOX 1999
 CLIFTON NJ 07015-1999
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-0775170**

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

ROSENBERG, CHARLES
10800 BISCAYNE BLVD
SUITE 410
MIAMI FL 33161

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

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

Charles Rosenberg
 (NOTE: Registered Agent signature required when reinstating)

2-14-00
 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	<input type="checkbox"/> Delete
NAME	GUTTAG, ROBERT	
STREET ADDRESS	301 E. 79TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	ROSENBERG, MICHAEL L.	
STREET ADDRESS	6005 YORKVILLE CT	
CITY-ST-ZIP	DALLAS TX	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SILVER, MARTIN M.	
STREET ADDRESS	26 NORTH AVE.	
CITY-ST-ZIP	GREAT NECK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Guttag*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Guttag 2/14/00 973-365-2060

Date

Daytime Phone #

CR2E034 (9/99)