

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71539

1. Entity Name

B.B.F.F. RESERVE ASSOCIATES, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90011 003 ***550.00

Principal Place of Business

%LEO ROSE, JR., ESQUIRE
P.O. BOX 339
PURCHASE NY 10577-0339
US

Mailing Address

4 NEW KING STREET
P.O. BOX 339
PURCHASE NY 10577-0339
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0113099

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TB REGISTERED CORPORATION
SUNTRUST INTERNATIONAL CENTER
1 SE 2RD AVE STE 2400
MIAMI FL 33131

Name

ELLEN ROSE

Street Address (P.O. Box Number is Not Acceptable)

ONE SE 2ND AVE Suite 2400

City

MIAMI

FL

Zip Code

33138

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: *Ellen Rose*

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

(NOTE: Registered Agent signature required when reinstating)

July 31, 2000

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
FLINN, ROBERT
1415 BOSTON POST RD
LARCHMONAT NY

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BENEROFFE, MITCHELL I
MPO BOX 339 4 NEW KING STREET
PURCHASE NY

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BENEROFFE, ANDREW R
MPO BOX 339 4 NEW KING STREET
PURCHASE NY

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: *Signature of Signing Officer or Director*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X *914-681-5100*
Date Daytime Phone #