

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90097 023 ***150.00

DOCUMENT # P40674

1. Entity Name

LIBERTY CAPITAL PARTNERS, INC.

Principal Place of Business

1177 AVENUE OF THE AMERICAS
34TH FLOOR
NEW YORK NY 10036

Mailing Address

1177 AVENUE OF THE AMERICAS
34TH FLOOR
NEW YORK NY 10036

83



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1370 Avenue of the Americas

Suite, Apt. #, etc.

34th FL

City & State

NY NY

Zip

10019

Country

3. Mailing Address

1370 Avenue of the Americas

Suite, Apt. #, etc.

34th FL

City & State

NY NY

Zip

10019

Country

4. FEI Number

52-1788692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORA, ABRAHAM M.
% BLANK, ROME, COMISKY & MCCAULEY
1401 FORUM WAY
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	BENNETT, PETER E.	
STREET ADDRESS	2425 KNECHT'S BRIDGE ROAD	
CITY-ST-ZIP	RIEGELSVILLE PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, PETER E.	
STREET ADDRESS	2425 KNECHT'S BRIDGE ROAD	
CITY-ST-ZIP	RIEGELSVILLE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KLUGER, MICHAEL	
STREET ADDRESS	P. O. BOX 148 N/A	
CITY-ST-ZIP	REDDING CT	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RING, CARL	
STREET ADDRESS	511 RIDGEWOOD AVE	
CITY-ST-ZIP	GLEN RIDGE NJ	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HUSTON, PAUL	
STREET ADDRESS	175 EAST 96TH ST.	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 212-541-7676

CR2E034 (10/00)