

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000036430

1. Entity Name
BRIARCLIFF CAPITAL CORPORATION



Principal Place of Business
1800 CORPORATE BLVD.
SUITE 303
BOCA RATON, FL 33431 US

Mailing Address
1800 CORPORATE BLVD.
SUITE 303
BOCA RATON, FL 33431 US

FILED
Sep 23, 2008 08:00 AM
Secretary of State



07022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0679510

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGELMAN, JACK
1800 CORPORATE BLVD
STE 303
BOCA RATON, FL 33431

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SPIEGELMAN, JACK
1800 CORPORATE BLVD STE 303
BOCA RATON, FL 33431

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

09/23/08-80002-008 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

7/2/08 561 991 0229
Date Daytime Phone #