


2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jul 07, 2003 8:00 am
Secretary of State**

07-07-2003 90143 049 ***558.75

DOCUMENT # F00000007130
 1. Entity Name
 Emilio Pucci, Ltd.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 19 E. 57th Street, NY, NY 10022

3. Mailing Address
 19 E. 57th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 New York, NY

City & State
 New York, NY

4. FEI Number 13-3090162

Applied For
 Not Applicable

Zip 10022 Country U.S.A. Zip 10022 Country U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Corporation Services Company

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

1201 Hayes Street

City Tallahassee FL Zip Code 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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	President Catherine Vautrin 19 E. 57th Street, NY, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Laudomia Pucci 19 E. 57th Street, NY, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jean-Christophe Tevenin 19 E. 57th Street, NY, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kathryn Kolanda 19 E. 57th Street, NY, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn Kolanda KATHRYN KOLANDA 6/26/03 212-931-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #