

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000094

1. Entity Name
PARFUMS GIVENCHY WHD, INC.

FILED

00 NOV 14 AM 9:47

Principal Place of Business
20801 BISCAYNE BLVD. SUITE 300
NORTH MIAMI BEACH FL 33180

Mailing Address
717 FIFTH AVE.
4TH FLOOR
NEW YORK NY 10022
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 65-0375360

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays 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.

SIGNATURE Carol K. Dolor Carol K. Dolor, Asst. Vice Pres. 11/01/2000
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 \$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 P ☐ Delete
NAME ROUGEAU, THIERY
STREET ADDRESS C/O 20801 BISCAYNE BLVD, SUITE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME 400003487324
STREET ADDRESS -12/05/00--01043--008
CITY-ST-ZIP *****750.00 *****750.00

TITLE D ☐ Delete
NAME LORENO, ALAN
STREET ADDRESS C/O 74, RUE ANATOLE 92300
CITY-ST-ZIP LEVALLOIS-PERRET, FRANCE

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

TITLE S ☒ Delete
NAME LEVIN, ANNA
STREET ADDRESS C/O LNMH 2 PARK AVE
CITY-ST-ZIP NY NY

TITLE 5 ☐ Change ☒ Addition
NAME LOUIS FIRESTONE
STREET ADDRESS 19 E. 57TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Christine Beaudé
CITY-ST-ZIP 712 Fifth Avenue
New York, NY 10019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (732) 225-6070
Daytime Phone #