

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003528

1. Entity Name...

AUTHENTIC FITNESS RETAIL INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90057 009 ***150.00

Principal Place of Business

Mailing Address

ATTN: FINANCE/TAX
6040 BANDINI BLVD
CITY OF COMMERCE CA 90040
US

ATTN: FINANCE/TAX
6040 BANDINI BLVD
CITY OF COMMERCE CA 90040-2905
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4442062

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH A CALIFANO, JR	
STREET ADDRESS	152ND WEST 57TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCHALTER, STUART D.	
STREET ADDRESS	601 S. FIGUEROA STREET	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	MCHUGH, MICHAEL P	
STREET ADDRESS	6040 BANDINI BLVD	
CITY-ST-ZIP	COMMERCE CA 90040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, ROBERT D	
STREET ADDRESS	1915 WEDGEWOOD DR	
CITY-ST-ZIP	SANFORD NC 27320	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WACHNER, LINDA	
STREET ADDRESS	90 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM S FINKELSTEIN	
STREET ADDRESS	90 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	

TITLE	VP, SECRETARY, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY P. SILVERSTEIN	
STREET ADDRESS	90 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10016	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NEW YORK, NY 10016	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NEW YORK, NY 10016	
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

02/10/00

Date

323/726-1262

Daytime Phone #

CR2E034 (9/99)