

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90010 011 \*\*\*150.00

**DOCUMENT # F94000006260**

1. Entity Name  
**PRESIDIO RETAIL, INC.**

Principal Place of Business <b>% A/X ARMANI EXCHANGE          55 FIFTH AVE.          NEW YORK NY 10003</b>	Mailing Address <b>%A/X ARMANI EXCHANGE          55 FIFTH AVENUE          NEW YORK NY 10003-4301          US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-3798240</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>THE PRENTICE HALL CORPORATION SYSTEM          1201 HAYS ST., #105          TALLAHASSEE FL 32301</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME HENG, BERNARD STREET ADDRESS 241 KENSINGTON HIGH ST. CITY-ST-ZIP LONDON, ENGLAND W86SA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME GRAPSTEIN, STEVEN STREET ADDRESS 767 3RD AVE. CITY-ST-ZIP NEW YORK NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ONG, B S STREET ADDRESS 50 CUSCADEN RD., HPL HOUSE CITY-ST-ZIP 08-01 SINGAPORE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME KALBERER, PATRICIA STREET ADDRESS 114 5TH AVE. CITY-ST-ZIP NEW YORK NY 10011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME WONG, VICTOR STREET ADDRESS 55 FIFTH AVE. CITY-ST-ZIP NEW YORK NY 10003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *S-1-00* Date 5-1-00 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)