

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000005876**

1. Entity Name  
**PRADA USA CORP.**



**FILED**

03 APR 23 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**50 WEST 57TH STREET  
NEW YORK NY 10019**

Mailing Address  
**50 WEST 57TH STREET  
NEW YORK NY 10019**

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  
**13-3751431**

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
DARROW, CONSTANCE  
50 WEST 57TH STREET  
NEW YORK NY 10019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500016787915** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
GALASSO, RALPH J  
600 MADISON AVENUE  
NEW YORK NY 10022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
GIORGIO RIGHETTI  
610W 52 STREET  
NY NY 10019** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TCFO  
DEMBSKY, MAURICE  
50 WEST 57TH STREET  
NEW YORK NY 10019** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
GIORGIO RIGHETTI  
610W 52 STREET  
NY NY 10019** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GORI-MONTANELLI, RICCARDO  
600 MADISON AVENUE  
NEW YORK NY 10022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GORI-MONTANELLI, RICCARDO  
600 MADISON AVENUE  
NEW YORK NY 10022** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
FISCHER, CYNTHIA G  
600 MADISON AVENUE  
NEW YORK NY 10022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
FISCHER, CYNTHIA G  
600 MADISON AVENUE  
NEW YORK NY 10022** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BERTELLI, PATRIZIO  
VIA FOGAZZARO, 28  
MILAN, ITALY 20135** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BERTELLI, PATRIZIO  
VIA FOGAZZARO, 28  
MILAN, ITALY 20135** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 OF SQUIRE GIORGIO RIGHETTI 3/5/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2 of 2

ACCOUNT NO. : 072100000032  
REFERENCE : 064238 7224402  
AUTHORIZATION : *Patricia Figueira*  
COST LIMIT : \$ 150.00

ORDER DATE : April 22, 2003

ORDER TIME : 5:19 PM

ORDER NO. : 064238-005

CUSTOMER NO: 7224402

CUSTOMER: Swapan Chatterjee  
Prada Usa Corp.  
4th Floor  
50 West 57th Street  
New York, NY 10019

**RESUBMIT**

Please give original  
submission date as file date.

*We could not  
back date this  
document  
Thank you*

ANNUAL REPORT FILING

NAME: PRADA USA CORP.

RECEIVED  
03 APR 23 AM 9:00  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS:

*[Handwritten signature]*