

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90058 002 \*\*\*150.00

**DOCUMENT # 844934**

1. Entity Name

**CHARLES JOURDAN U.S.A., INC.**

Principal Place of Business

**152 WEST 57TH STREET  
 26TH FLOOR  
 NEW YORK NY 10019  
 US**

Mailing Address

**152 WEST 57TH STREET  
 26TH FLOOR  
 NEW YORK NY 10019  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**2 Caesar Place**

City & State

City & State

**Moonachie**

Zip

Country

Zip

Country

**07074**

**USA**

4. FEI Number

**13-2633343**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

**WILLIAM J. HARRIS**  
 NOT A REGISTERED AGENT  
 (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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MERCIER, EMILE	
STREET ADDRESS	152 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, FRANCIS	
STREET ADDRESS	152 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ESPINOS, JEROME	
STREET ADDRESS	152 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMMANN, FRITZ	
STREET ADDRESS	152 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAMPO, MARY L	
STREET ADDRESS	152 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, DONALD J JR	
STREET ADDRESS	152 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheetham, John F	
STREET ADDRESS	2 Caesar Place	
CITY-ST-ZIP	Moonachie, NJ 07074	
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 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		

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:**

**WILLIAM J. HARRIS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)