

2000 UNIFORM BUSINESS REPORT (UBR)

1001174E

DOCUMENT # 850258

1. Entity Name
MOVADO GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:00

Principal Place of Business
125 CHUBB AVE
4TH FLOOR
LYNDHURST NJ 07071

Mailing Address
125 CHUBB AVE
4TH FLOOR
LYNDHURST NJ 07071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **13-2595932**
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
WILLEN, WILLY
2 ALHAMBRA PLAZA
CORAL GABLES FL 33134

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

100003414361--9
--10/05/00--01020--012
****550.00****550.00
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	D	<input type="checkbox"/> Delete
NAME	SILVERSTEIN, LEONARD	
STREET ADDRESS	1776 K STREET, NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES-ADAM, MARGARET	
STREET ADDRESS	597 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORESMAN, DONALD	
STREET ADDRESS	15 COLUMBUS CIRCLE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GRINBERG, GEDALIO	
STREET ADDRESS	125 CHUBB AVE	
CITY-ST-ZIP	LYNDHURST NJ	
TITLE	TS	<input type="checkbox"/> Delete
NAME	REGENBOGEN, HOWARD	
STREET ADDRESS	125 CHUBB AVE	
CITY-ST-ZIP	LYNDHURST NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRINBERG, EFRAIM	
STREET ADDRESS	125 CHUBB AVE	
CITY-ST-ZIP	LYNDHURST NJ	

TITLE	EVP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Cote	
STREET ADDRESS	125 Chubb Ave.	
CITY-ST-ZIP	Lyndhurst, NJ 07071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Howard c/o DLJ	
STREET ADDRESS	277 Park Ave.	
CITY-ST-ZIP	New York, NY	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Oresman	
STREET ADDRESS	425 Lexington Ave.	
CITY-ST-ZIP	New York, NY	
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 files empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00 201-460-3754
Date Daytime Phone #

CR2E034 (5/00)