2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90062 046 ***150.00

DOCUMENT # F00000004836

1. Entity Name
MOVADO RETAIL GROUP, INC.

Principal Place of Business	Mailing Address
~~125 CHUBB AVENUE~~ ~~LYNDHURST NJ 07071~~	~~125 CHUBB AVENUE~~ ~~LYNDHURST NJ 07071~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
650 FROM RD	650 FROM RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PARAMUS NJ	City & State: PARAMUS NJ
Zip: 07652 Country:	Zip: 07652 Country:

4. FEI Number 22-3557612 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	PCD ORNSTEIN, SCOTT 125 CHUBB AVENUE LYNDHURST NJ 07071	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition STUART, RAYMOND 650 FROM RD PARAMUS, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COTE, RICK 125 CHUBB AVENUE LYNDHURST NJ 07071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 650 FROM RD PARAMUS, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHNO, TIMOTHY F 125 CHUBB AVENUE LYNDHURST NJ 07071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 650 FROM RD PARAMUS, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REGENBOGEN, HOWARD 125 CHUBB AVENUE LYNDHURST NJ 07071	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition KIMICK, FRANK 650 FROM RD PARAMUS, NJ 07652
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	D TORRES, OMAR 125 CHUBB AVENUE LYNDHURST NJ 07071	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUONOCORE, RICHARD 125 CHUBB AVENUE LYNDHURST NJ 07071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 650 FROM RD PARAMUS, NJ 07652

CR2E034 (9/01)

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 Date Daytime Phone #