

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **F01000003268**



1. Entity Name  
**GANT U.S.A. CORPORATION**

Principal Place of Business  
**41 WEST 57TH STREET, SUITE 5TH FLOOR  
NEW YORK NY 10019**

Mailing Address  
**41 WEST 57TH STREET, SUITE 5TH FLOOR  
NEW YORK NY 10019**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2147036**  
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  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HOFFMAN, ARI 41 WEST 57TH STREET, SUITE 5TH FLOOR NEW YORK NY 10019</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BJORK, LENNART 41 WEST 57TH STREET, SUITE 5TH FLOOR NEW YORK NY 10019</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MARTELL, MICHAEL L 521 FIFTH AVENUE, SUITE 2200 NEW YORK NY 10019</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300023416233 09/30/03--01006--009 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARTELL, MICHAEL 666 FIFTH AVENUE, FL 28 NEW YORK, N.Y. 10103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ARI HOFFMAN** *[Signature]* **9/22/03** **212-230-1949**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

**GANT®**  
U.S.A. 1949

September 22, 2003

Florida Dept of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Ref: 2003 Uniform Business Report  
Gant USA Corporation

Dear Sir:

We received your 2003 Uniform Business Report with a fee of \$550.00.  
We checked last year's file and the fee was \$150.00 if it was paid by May 1.  
The notice for payment by May 1 was not received this year.  
We would therefore like to request that the difference of \$400.00 be waived.

Enclosed please find our check for \$150.00 as payment for the 2003  
Uniform Business Report.

We shall appreciate your consideration on this matter.

Very truly yours,

  
Ethel H. Casapao  
Finance Department

ENCLOSURE

ENCLOSURE

GANT U.S.A. CORPORATION

41 West 57th Street New York, NY 10019 Phone 212 230 1949 Fax 212 230 1950

[www.gant.com](http://www.gant.com)