

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90013 040 ***550.00

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1. Entity Name
ERWIN PEARL RETAIL, INC.

Principal Place of Business
**389 FIFTH AVENUE
NEW YORK, NY 10016**

Mailing Address
**389 FIFTH AVENUE
NEW YORK, NY 10016**

44041000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004

Chg-P

CR2E034 (10/03)

4. FEI Number

133-973 121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33158**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEARL, ERWIN	
STREET ADDRESS	389 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	V	<input type="checkbox"/> Delete
NAME	SELLERS, SANDRA	
STREET ADDRESS	389 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEINSTEIN, JOEL	
STREET ADDRESS	389 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	V	<input type="checkbox"/> Delete
NAME	MINSON, ART	
STREET ADDRESS	389 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	V	<input type="checkbox"/> Delete
NAME	VIDERS, JOEL	
STREET ADDRESS	389 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROZOST, MICHAEL	
STREET ADDRESS	389 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10016	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL ELSWIT	
STREET ADDRESS	389-5TH AVE	
CITY-ST-ZIP	NY, NY 10016	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZANNE BAKST	
STREET ADDRESS	389-5TH AVE	
CITY-ST-ZIP	NY, NY 10016	
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		

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:

Joel S. Weinstein **Joel S. Weinstein**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

Date

mv 889 7410

Daytime Phone #