

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90045 020 ***150.00

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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

50012331



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3973121

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

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #