

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000003526

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



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number

13-3973121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000825336

02/21/08-80006-009-150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PEARL, ERWIN
STREET ADDRESS 389 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10016

TITLE V
NAME SELLERS, SANDRA
STREET ADDRESS 389 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10016

TITLE V
NAME WEINSTEIN, JOEL
STREET ADDRESS 389 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10016

TITLE V
NAME MINSON, ART
STREET ADDRESS 389 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10016

TITLE V
NAME VIDERS, JOEL
STREET ADDRESS 389 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10016

TITLE V
NAME BROZOST, MICHAEL
STREET ADDRESS 389 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10016

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #