

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90064 034 ***150.00

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1. Entity Name

SERGIO ROSSI USA, INC.



Principal Place of Business

**450 W. 15TH STREET
NEW YORK NY 10011**

Mailing Address

**50 HARTZ WAY
SECAUCUS NJ 07094**

94043717



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3900375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2004 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 **DV** ☐ Delete
NAME **GENTILE, MARCO**
STREET ADDRESS **VIA V. VENETO, 16**
CITY-ST-ZIP **47030 S. MAURO PASTOLI**

TITLE **PD** ☐ Delete
NAME **SINGER, ROBERT**
STREET ADDRESS **4 GRAFTON STREET**
CITY-ST-ZIP **WIX 3LD LONDON, UNITED KINGD**

TITLE **S** ☐ Delete
NAME **FISCHER, CYNTHIA**
STREET ADDRESS **600 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **V** ☒ Delete
NAME **LESHIN, ARTHUR**
STREET ADDRESS **50 HARTZ WAY**
CITY-ST-ZIP **SECAUCUS NJ 07094**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V.P. THOMAS DECARLO**
STREET ADDRESS **50 HARTZ WAY**
CITY-ST-ZIP **SECAUCUS, NJ 07094**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

03/22/04

Date

Daytime Phone #