**FILED**
**Jun 17, 2002 8:00 am**
**Secretary of State**
05-24-2002 91338 040 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000124

1. Entity Name
STUART WEITZMAN, INC.

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93214

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2400 E. COMMERCIAL BLVD | 2400 E. COMMERCIAL BLVD |
| Suite, Apt. #, etc. 506 | Suite, Apt. #, etc. 506 |
| City & State FT. LAUDERDALE, FL. | City & State FT. LAUDERDALE, FL |
| Zip 33308 Country USA | Zip 33308 Country USA |

4. FEI Number 65-0366394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name THE PRENTICE HALL CORP.
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET
SUITE 105
City TALLAHASSEE FL Zip Code 32301

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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE PD<br>NAME WEITZMAN, STUART<br>STREET ADDRESS 169 TACONIC ROAD<br>CITY-ST-ZIP GREENWICH CT 06831 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE S<br>NAME LIGUORI, JUDY<br>STREET ADDRESS 2400 EAST COMMERCIAL BLVD, SUITE 506<br>CITY-ST-ZIP FT. LAUDERDALE FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE T<br>NAME KODROFF, PHILIP<br>STREET ADDRESS 2400 EAST COMMERCIAL BLVD, SUITE 506<br>CITY-ST-ZIP FT. LAUDERDALE FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE V<br>NAME WEITZMAN, JANE<br>STREET ADDRESS 169 TACONIC ROAD<br>CITY-ST-ZIP GREENWICH CT 06831 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ V.P. 6/11/02 954-455-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #