

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90040 040 ***150.00

DOCUMENT # F93000001452

1. Entity Name

THE APPAREL GROUP, LTD., INC.

Principal Place of Business

Mailing Address

**4300 LEGHORN DRIVE
 LOUISVILLE KY 40218**

**P.O. BOX 32100
 LOUISVILLE KY 40232**

2. Principal Place of Business

**6901 Riverport Drive
 Suite B**

**City & State
 Louisville KY**

**Zip
 40258-2852**

**Country
 USA**

3. Mailing Address

**6901 Riverport Drive
 Suite B**

**City & State
 Louisville, KY**

**Zip
 40258-2852**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-5569505**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MC PHERSON, TONI
 DAMON / ENRO FACTORY STORE
 7240 STATE RD 951
 NAPLES FL 34114**

7. Name and Address of New Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

City **Plantation**

FL

Zip Code **33324**

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 **Susan J. Metz**

Susan J. Metz, Assistant Secretary

2/01/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **CFO** ☒ Delete
 NAME **GLASSER, DAVID**
 STREET ADDRESS **1370 AVENUE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **COP** ☐ Delete
 NAME **GOLDBERG, NORMAN**
 STREET ADDRESS **1370 AVENUE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **COP** ☐ Delete
 NAME **BEARDEN, WALTER**
 STREET ADDRESS **1441 BROADWAY 24TH FLOOR SUITE 2350**
 CITY-ST-ZIP **NEW YORK NY 10018**

TITLE **VP** ☐ Delete
 NAME **MAK, KAN YEON JIMMY**
 STREET ADDRESS **4300 LEGHORN DRIVE**
 CITY-ST-ZIP **LOUISVILLE KY 40218**

TITLE **C** ☐ Delete
 NAME **LEE, HARRY**
 STREET ADDRESS **49 AUSTIN ROAD**
 CITY-ST-ZIP **KOWLOON, HONG KONG**

TITLE **D** ☐ Delete
 NAME **YEUNG, DONALD**
 STREET ADDRESS **1259 FOUSHEE RD.**
 CITY-ST-ZIP **RAMSEUR NC 27316**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Co-President** ☒ Change ☐ Addition
 NAME **Goldberg, Norman**
 STREET ADDRESS **5080 Spectrum Drive, Suite 800 E**
 CITY-ST-ZIP **Addison, TX 75001**

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

TITLE **Chief Financial Officer** ☒ Change ☐ Addition
 NAME **Mak, Kan Yeon Jimmy**
 STREET ADDRESS **6901 Riverport Drive, Suite B**
 CITY-ST-ZIP **Louisville KY 40258-2852**

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

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

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 Block 12 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

Jimmy Mak

Date

Daytime Phone #

1/8/2001 (502) 271-6323

CR2E034 (10/00)