

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90027 017 \*\*\*550.00

**DOCUMENT # F95000000188**

1. Entity Name  
**NORSTAN APPAREL SHOPS, INC.**



Principal Place of Business  
**33-00 47 AVE.  
LONG ISLAND CITY, NY 11101**

Mailing Address  
**33-00 47 AVE.  
LONG ISLAND CITY, NY 11101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

**13-1804331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI, FL 33156-0000**

Name

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

City

**FL**

Zip Code

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATTMAN, NORMAN S 33-00 47 AVE. LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BAUMLIN, TOM 33-00 47 AVENUE LONG ISLAND CITY, N.Y. 11101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATTMAN, STANLEY 33-00 47 AVE. LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LATTMAN, STANLEY 33-00 47 AVENUE LONG ISLAND CITY, N.Y. 11101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LATTMAN, NORMAN 33-00 47 AVENUE LONG ISLAND CITY, N.Y. 11101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*EL 4/Re.*

**TOM BAUMLIN, PRESIDENT**

7-2-04

718-786-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #