

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-04-2003 90155012 10:00
F96000002298

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002298

1. Entity Name
STEVEN MADDEN RETAIL, INC.



Principal Place of Business
**52-16 BARNETT AVENUE
ATTN: ALAN ROY REMULAR
LONG ISLAND CITY NY 11104**

Mailing Address
**52-16 BARNETT AVENUE
ATTN: ALAN ROY REMULAR
LONG ISLAND CITY NY 11104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3850272**

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

**CORPORATION SERVICE COMPANY
1201 HAY STREET
TALLAHASSEE FL 32301**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLICKER, RICHARD 52-16 BARNETT AVENUE LONG ISLAND CITY NY 11104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(778) 308 2273

CR2E034 (4/03)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/3

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Mailing Address
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2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
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Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3850272**
Applied For
Not Applicable

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**CORPORATION SERVICE COMPANY
1201 HAY STREET
TALLAHASSEE FL 32301**

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Name
Street Address (P.O.-Box Number is Not Acceptable)
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KARSON, JAMIESON 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DHARIA, ARVIND 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104 <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	D COOPER, MARC 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104 <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	CD KOPPELMAN, CHARLES 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104 <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	D MIGLIORINI, PETER 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Steven Madden, Ltd. 52-18 Barnett Ave. Long Island City, N.Y. 11104
Phone 718-448-1800 Fax 718-448-5599

August 12, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

RE: STEVEN MADDEN RETAIL INC. - F96000002298

Please be informed that we did not receive the 2003 Uniform Business Report prior notice. I, therefore, request that the late fee be waived. Thank you so much for your accommodation.

Also, I am enclosing a check in the amount of \$88.75 representing additional fee for the filing of the annual report/Uniform Business Report. As you have noted in your letter, we already have forwarded a payment in the amount of \$70.00. In total, the payment we have made is \$150.00 broken down as follows:

Annual Report Fee	\$ 61.25
Supplemental Corp. Fee	88.75
Certificate of Status	<u>8.75</u>
Total	\$158.75
	=====

Thank you so much for your assistance.

Very truly yours,


Arvind Dharia
C.F.O.

P.S. Please note the changes in the "Additions/Changes".

Encl:



i.e.i.

David Aaron

**MADDEN
MENS**

ADESSO-MADDEN

