

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001602

1. Entity Name

MAXMARA RETAIL, LTD.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90308 005 ***150.00

Principal Place of Business

Mailing Address

216 WORTH AVENUE
PALM BEACH FL 37480
US

295 NORTH STREET
UNIT #5
TETERBARD NJ 07608-1203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3676407

Applied For

Not Applicable

Zip

Country

Zip

Country

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 HAYS 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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME C
STREET ADDRESS MARAMOTTI, LUIGI DR
CITY-ST-ZIP VIA FRATELLI CERVI 66, REGGIO EMILIA
ITALY

TITLE ☒ Delete

NAME S
STREET ADDRESS JABBUR, JANET -
CITY-ST-ZIP 189 SUMMIT AVENUE
CLIFFSIDE PARK NJ 07010

TITLE ☐ Delete

NAME T
STREET ADDRESS GLEESON, JOHN D
CITY-ST-ZIP 107 DWIGHT AVENUE
HILLSDALE NJ 07642

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME SECRETARY
STREET ADDRESS LUIGI CARDOGGIO
CITY-ST-ZIP 90 MORNINGSIDE DR. APT 66
NEW YORK, N.Y.

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
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:

John D Gleeson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

201-727-0650
Daytime Phone #

CR2E034 (9/99)