

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001756

1. Entity Name

TOMMY HILFIGER RETAIL, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90046 023 ***150.00

Principal Place of Business

112 TRUMAN AVE
EDISON NJ 08818
US

Mailing Address

112 TRUMAN AVE
EDISON NJ 08818
US

2. Principal Place of Business

112 TRUMAN DR.

3. Mailing Address

112 TRUMAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EDISON, NJ

City & State

EDISON, NJ

Zip

08818

Country

USA

Zip

08818

Country

USA

4. FEI Number

22-3217506 11-3180944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNELLER, WILLIAM
10406 EMERALD COAST PARKWAY #77
DESTIN FL 32541

7. Name and Address of New Registered Agent

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

TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	HILFIGER, TOMMY	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHOU, SILAS	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROLL, LAWRENCE	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOROWITZ, LAWRENCE	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEWMAN, JOEL	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	S	<input type="checkbox"/> Delete
NAME	GURSKY, STEVEN R	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Kneller	
STREET ADDRESS	19 ERIN LANE	
CITY-ST-ZIP	OLD BRIDGE, NJ 08852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, JOEL	
STREET ADDRESS	58 BEECH RD	
CITY-ST-ZIP	ENGLEWOOD, NJ 07631	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)