

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001756

1. Entity Name

TOMMY HILFIGER RETAIL, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90116 002 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3217506

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
KNELLER, WILLIAM  
19 ERIN LN  
OLD BRIDGE NJ 08852 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHOU, SILAS  
112 TRUMAN DRIVE  
EDISON NJ 08818 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STROLL, LAWRENCE  
112 TRUMAN DRIVE  
EDISON NJ 08818 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOROWITZ, JOEL  
58 BEECH RD  
ENGLEWOOD NJ 07631 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
NEWMAN, JOEL  
112 TRUMAN DRIVE  
EDISON NJ 08818 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GURSKY, STEVEN R  
112 TRUMAN DRIVE  
EDISON NJ 08818 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
GARY SHEINBAUM  
30 ENTERPRISE AVE  
SECAUCUS NJ 07094 ☐ Change ☒ Addition

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

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

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

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

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 (10/00)