

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000015

1. Entity Name  
DEVANLAY RETAIL GROUP, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90102 028 \*\*\*550.00

Principal Place of Business

551 MADIFIED AVE  
#1300  
NEW YORK NY 10022

Mailing Address

551 MADIFIED AVE  
#1300  
NEW YORK NY 10022

2. Principal Place of Business

551 MADISON AVE

3. Mailing Address

551 MADISON AVE

Suite, Apt. #, etc.

#1300

Suite, Apt. #, etc.

#1300

City & State

NEW YORK NY

City & State

NEW YORK NY

Zip

10022

Country

Zip

10022

Country

4. FEI Number

13-3967572

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 C ☒ Delete  
NAME JACOMET, DOMINIQUE  
STREET ADDRESS 551 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE CHAIRMAN/CEO ☒ Change ☐ Addition  
NAME ALAIN SPRIET  
STREET ADDRESS 551 MADISON AVE  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE P ☐ Delete  
NAME BARTH, DANIEL  
STREET ADDRESS 551 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE VS ☒ Delete  
NAME GREENE, TIM  
STREET ADDRESS 543 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE T ☐ Delete  
NAME MEREDITH, EDWARD W  
STREET ADDRESS 543 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Edmund W. Meredith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00

Date

(212) 756-1957

Daytime Phone #

CR2E034 (5/00)