

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90230 009 ***150.00

0632916 SP

DOCUMENT # F98000000015

1. Entity Name
DEVANLAY RETAIL GROUP, INC.

Principal Place of Business

**551 MADIFIED AVE
 #1300
 NEW YORK NY 10022**

Mailing Address

**551 MADIFIED AVE
 #1300
 NEW YORK NY 10022**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

551 MADISON AVE

Suite, Apt. #, etc.

1300

City & State

NEW YORK, NY

Zip

10022

Country

3. Mailing Address

551 MADISON AVE

Suite, Apt. #, etc.

1300

City & State

NEW YORK, NY

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

**UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD.
 SUITE 508
 MIAMI FL 33156-0000**

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, 2002 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 **P** ☐ Delete
 NAME **BARTH, DANIEL**
 STREET ADDRESS **551 MADISON AVE**
 CITY-ST-ZIP **NEW YORK NY 10022**

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

TITLE **CCEO** ☐ Delete
 NAME **SPRIET, ALAIN**
 STREET ADDRESS **551 MADISON AVE**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VICE PRESIDENT - FINANCE** ☐ Change ☒ Addition
 NAME **GERARD DENA**
 STREET ADDRESS **551 MADISON AVE**
 CITY-ST-ZIP **NEW YORK, NY 10022**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)