

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002066

1. Entity Name

RETEX COOPERATIVE, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90013 020 ***558.75

Principal Place of Business

350 5TH AVENUE
NEW YORK NY 10118

Mailing Address

350 5TH AVENUE
NEW YORK NY 10118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1514

Suite, Apt. #, etc.

1514

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4392948

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 P ☐ Delete
NAME GALLO, UMBERTO J
STREET ADDRESS 350 5TH AVENUE #1514
CITY-ST-ZIP NEW YORK NY 10118

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

TITLE SD ☐ Delete
NAME ANDERSON, BILL
STREET ADDRESS 17 RIVERSIDE STREET
CITY-ST-ZIP NASHUA NH 03062

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

TITLE CFOD ☐ Delete
NAME SMITH, TOM
STREET ADDRESS 411 SEVENTH AVENUE
CITY-ST-ZIP PITTSBURGH PA 15219

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

TITLE D ☐ Delete
NAME MORIN, WALLASTON B
STREET ADDRESS % ANN TAYLOR, 147 W. 57TH ST
CITY-ST-ZIP NEW YORK NY 10019

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

TITLE D ☐ Delete
NAME SCUSSEL, JAY D
STREET ADDRESS % GOODY'S, 400 GOODYS LANE
CITY-ST-ZIP KNOXVILLE TN 37922

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

TITLE D ☐ Delete
NAME MURTHA, EUGENE
STREET ADDRESS 6691 BAY MEADOW DRIVE
CITY-ST-ZIP GLEN BURNIE MD 21060

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)