

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90030 034 ***150.00

DOCUMENT # F98000002267

1. Entity Name

PRL RETAIL CONCEPTS OF FLORIDA, INC.

Principal Place of Business

**% POLO RALPH LAUREN CORPORATION
 650 MADISON AVE ATTN: VICTOR COHEN
 NEW YORK NY 10022**

Mailing Address

**9 POLITO AVE
 ATTN: TAX DEPT
 LYNDHURST NJ 07071**

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 **84-1387232**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 **P** ☐ Delete
 NAME **ISHAM, LANCE**
 STREET ADDRESS **650 MADISON AVE.**
 CITY- ST- ZIP **NEW YORK NY 10022**

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

TITLE **V** ☐ Delete
 NAME **DIMURO, MARK**
 STREET ADDRESS **9 POLITO AVE.**
 CITY- ST- ZIP **LYNDHURST NJ 07071**

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

TITLE **SV** ☒ Delete
 NAME **COHEN, VICTOR**
 STREET ADDRESS **650 MADISON AVE.**
 CITY- ST- ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Clements, Jacqueline**
 CITY- ST- ZIP **650 MADISON AVE**
NEW YORK, NY 10022

TITLE **VT** ☒ Delete
 NAME **POLI, NANCY A**
 STREET ADDRESS **9 POLITO AVE.**
 CITY- ST- ZIP **LYNDHURST NJ 07071**

TITLE ☐ Change ☐ Addition
 NAME **SRVP-Financed CFO**
 STREET ADDRESS **CHANEY, Gerald M.**
 CITY- ST- ZIP **9 POLITO AVENUE**
LYNDHURST, NJ 07071

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: *Mark G. M...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

201-531-6239

Daytime Phone ()

CR2E034 (10/00)