

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005379

1. Entity Name

DG BAL HARBOUR INC.

**FILED**  
Feb 23, 2001 8:00 am  
Secretary of State

02-13-2001 90012 050 \*\*\*158.75

Principal Place of Business  
C/O DOLCE & GABBONA  
660 MADISON AVE. 10TH FL.  
NY NY 10021  
US

Mailing Address  
C/O DOLCE & GABBONA  
660 MADISON AVE. 10TH FL.  
NY NY 10021  
US

2. Principal Place of Business  
9700 COLLINS AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STORE # 151

City & State

City & State

BAL HARBOUR

Zip

Country

Zip

Country

FL

USA

4. FEI Number 13-4017271

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 \$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  
PD  
VELO, LUCIO  
660 MADISON AVENUE, 10TH FLOOR  
NY NY 10021 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
RUELLA, CRISTIANA  
660 MADISON AVENUE, 10TH FLOOR  
NEW YORK NY 10021 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BYER, ALBERT A  
230 PARK AVENUE, 11TH FLOOR  
NEW YORK NY 10169 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M - CONTROLLED  
ANTHONY PARRIZIO  
660 MADISON AVE, 10TH FL.  
NEW YORK, NY 10021 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 #

ANTHONY PARRIZIO

2-6-01

(212) 750-0055

CR2E034 (10/00)