

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90226 011 ***550.00

0106335 AT

DOCUMENT # F99000004520

1. Entity Name

HUGO BOSS FASHIONS, INC.

Principal Place of Business

**601 WEST 26TH STREET
 NEW YORK NY 10001**

Mailing Address

**601 WEST 26TH STREET
 NEW YORK NY 10001**

AU080003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 W 26TH ST

3. Mailing Address

601 W 26TH ST

Suite, Apt. #, etc.

8TH FLOOR

Suite, Apt. #, etc.

8TH FLOOR

City & State

NY NY

City & State

NY NY

4. FEI Number

13-3503218

Applied For

Not Applicable

Zip

10001

Country

USA

Zip

10001

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **HUGO BOSS FACTORY STORE**

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

12801 W SUNRISE BLVD

#1013

City

SUNRISE

FL

Zip Code

33323

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]

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 12, 2001 Fee 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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	STAFF, MARTIN	
STREET ADDRESS	601 WEST 26TH STREET	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OTTOMANELLI, VINCENT	
STREET ADDRESS	601 WEST 26TH STREET	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	OSCAR, LAWRENCE E	
STREET ADDRESS	3300 BP TOWER, 200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH 44114-2301	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALZER, BRUNO	
STREET ADDRESS	601 WEST 26TH STREET	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDESSARINI, WERNER	
STREET ADDRESS	601 WEST 26TH STREET	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)