


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90615 025 ****50.00

DOCUMENT # M01000002299	
1. Entity Name KENZO PARFUMS NA LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1200 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 1560 City & State MIAMI, FL Zip 33131 Country USA	3. Mailing Address 19 EAST 57 th STREET Suite, Apt. #, etc. City & State NEW YORK, NY Zip 10022 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4172767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
City TALLAHASSEE	FL Zip Code 32301-2607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER PHILIPPE LESNE 19 EAST 57 th STREET NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER JEAN-MARC PLISSON 85 MAYFIELD AVENUE EDISON, NJ 08837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **MICHAEL FOLKMAN VP-TAXES** **212-931-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)