


**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



30049525

**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 <sup>th</sup> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 <sup>th</sup> STREET NEW YORK, NY 10022
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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CR2E083B (12/02)

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 MICHAEL FOLKMAN VP-TAXES Date 212-931-2700 Daytime Phone #