

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90106 028 \*\*\*150.00

0619474 AT

**DOCUMENT # P00000067443**

1. Entity Name

**LONGCHAMP PALM BEACH, INC.**

Principal Place of Business

Mailing Address

**9A SOUTH GOLD DRIVE  
HAMILTON NJ 08691**

**9A SOUTH GOLD DRIVE  
HAMILTON NJ 08691**

2. Principal Place of Business

**226 A Worth Ave**

3. Mailing Address

**435 A Route 130 N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Palm Beach FL**

City & State

**Yardville NJ**

Zip

**33480**

Country

**US**

Zip

**08620**

Country

**US**

4. FEI Number

**13-4128179**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **SD** ☐ Delete  
NAME **CASSEGRAIN, JEAN**  
STREET ADDRESS **12 RUE SAINT FLORENTIN**  
CITY-ST-ZIP **PARIS, FRANCE 75001**

TITLE **D** ☐ Delete  
NAME **CASSEGRAIN, PHILIPPE**  
STREET ADDRESS **12 RUE SAINT FLORENTIN**  
CITY-ST-ZIP **PARIS, FRANCE 75001**

TITLE **PCEO** ☐ Delete  
NAME **CARROLL, MARTI**  
STREET ADDRESS **9A SOUTH GOLD DRIVE**  
CITY-ST-ZIP **HAMILTON NJ 08691**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME **PCEO**  
STREET ADDRESS **CARROLL, MARTI**  
CITY-ST-ZIP **435 A ROUTE 130 North  
YARDVILLE NJ 08620**

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

TITLE ☐ Change ☐ Addition  
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: **MARTI CARROLL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/02**

Date

**609-581-5555**

Daytime Phone #

CR2E034 (9/01)