

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00689

1. Entity Name
UNITED RETAIL INCORPORATED



FILED
08 NOV 12 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
365 W. PASSAIC STREET
ROCHELLE PARK, NJ 07662-6563

Mailing Address
365 W. PASSAIC STREET
ROCHELLE PARK, NJ 07662-6563

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10302008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
13-2885670

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P FAINTRENY, ERIC ☐ Delete
STREET ADDRESS FAINTAGNY, ERIC
CITY-ST-ZIP 463 SEVENTH AVE
NEW YORK, NY 10018

TITLE
NAME 300137854043 ☐ Change ☐ Addition
STREET ADDRESS 11/12/08--01039--016 **61.25
CITY-ST-ZIP

TITLE
NAME ST ☒ Delete
STREET ADDRESS MARZLOFF, OLIVIER
CITY-ST-ZIP 463 SEVENTH AVE
NEW YORK, NY 10018

TITLE
NAME DIRECTOR SECRETARY/TREASURER ☒ Change ☐ Addition
STREET ADDRESS ERIC COURTEILLE
CITY-ST-ZIP 463 SEVENTH AVE
NEW YORK, NY 10018

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

10/31/08 201-909-2016
Date Daytime Phone #

11/3