

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07748

1. Entity Name

DANSK INTERNATIONAL DESIGNS, LTD., INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90028 045 ***150.00

Principal Place of Business

108 CORPORATE PARK DRIVE
WHITE PLAINS FL 10604
US

Mailing Address

100 LENOX DR
100 LENOX DRIVE
LAWRENCEVILLE NJ 08648-2309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3250156

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

C T 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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	OKEFFE, MARY	
STREET ADDRESS	108 CORPORATE PK DR	
CITY-ST-ZIP	WHITE PLAINS NJ	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	FANTIN, LOUIS A	
STREET ADDRESS	% LENOX, INCL, 100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERMAN, DAVID	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648-2394	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, KRANGEL E	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648-2394	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GENCARELLI, ORLANDO	
STREET ADDRESS	108 CORPORATE PARK DR	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARONOVITZ, ALAN M	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648-2394	

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		
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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.

609-844-1331

SIGNATURE:

Robert O. Cohen, Assistant Secretary 3/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)