

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**  
 02-17-2002 90020 043 \*\*\*150.00

NOTES AT

**DOCUMENT # P32892**

1. Entity Name  
**G.A.P.B., INC.**

Principal Place of Business

% **GIORGIO ARMANI**  
~~243 NORTH AVENUE~~  
**PALM BEACH FL 33480**  
**US**

Mailing Address

% **ABRAHAM LEBRON**  
**114 FIFTH AVENUE**  
**NEW YORK NY 10011**  
**US**

2. Principal Place of Business

**GIORGIO ARMANI**  
 Suite, Apt. #, etc.  
**243 Worth Avenue**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Palm Beach, FL**

City & State

Zip

Country

**33480**

**US**

Country

**US**

4. FEI Number

**13-3564548**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
~~110 NORTH MAGNOLIA STREET~~  
**TALLAHASSEE FL 32301**

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	<b>PCD</b>	<input type="checkbox"/> Delete
NAME	<b>ARMANI, GIORGIO</b>	
STREET ADDRESS	<b>114 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MIGLIACCIO, BRUCE</b>	
STREET ADDRESS	<b>114 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PESARO, ROBERTO</b>	
STREET ADDRESS	<b>114 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)