

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094222

1. Entity Name

EMANUEL UNGARO BOUTIQUES FLORIDA INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90043 037 ***158.75

Principal Place of Business

Mailing Address

9700 COLLINS AVENUE
BAL HARBOUR FL 33154

C/O PHILLIPS NIZERBENJAMIN KRIM & BALLON
666 FIFTH AVE.
NEW YORK NY 10103-0001

2. Principal Place of Business

9700 COLLINS AVENUE

3. Mailing Address

C/O GC CONSULTANTS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

444 MADISON AVENUE #1206

City & State

BAL HARBOUR, FL

City & State

NEW YORK NY

Zip

33154

Country

Zip

10022

Country

4. FEI Number

65-0680115

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2000 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 ☐ Delete
NAME DP
STREET ADDRESS GESTRI, FRANCESCO
CITY-ST-ZIP 2 AVENUE MONTAIGNE
75008 PARIS FRANCE

TITLE ☐ Delete
NAME DVT
STREET ADDRESS ZOLLO, LOU
CITY-ST-ZIP 663 FIFTH AVENUE
NEW YORK NY 10022

TITLE ☐ Delete
NAME DS
STREET ADDRESS TILLEM, JONATHAN R
CITY-ST-ZIP 666 FIFTH AVENUE
NEW YORK NY 10103

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
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TITLE ☐ Change ☐ Addition
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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 #

4/5/00

(212) 310 9311

CR2004 (9/99)