

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90056 007 ***150.00

DOCUMENT # P99000012631

1. Entity Name
NAUTICA OF SUNRISE, INC.

Principal Place of Business
 C/O CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

Mailing Address
 C/O CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
NAUTICA OF SUNRISE, INC.
 Suite, Apt. #, etc.
12901 W SUNRISE BLVD SP1029
 City & State
SUNRISE FL
 Zip
33323
 Country
USA

3. Mailing Address
~~NAUTICA OF SUNRISE, INC.~~
40 W 57th ST
 Suite, Apt. #, etc.
 City & State
NEW YORK, NY
 Zip
10019
 Country
USA

4. FEI Number
13-406441
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN WETZLER	
STREET ADDRESS	40 W 57th ST	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID CHU	
STREET ADDRESS	40 WEST 57th ST	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	HARVEY SANDERS	
STREET ADDRESS	40 WEST 57th ST	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	FRANK PETROCCA	
STREET ADDRESS	40 WEST 57th ST	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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: FRANK PETROCCA 1/28/00 212-468-9911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (9/99)