

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91513 016 ***150.00

DOCUMENT # **P 99 000 108096**

1. Entity Name

WESTERN OUTFITTERS, INC.

1000J010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4835 S.W. 85 ST

3. Mailing Address
6183 MIAMI LAKES DR. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State
MIAMI LAKES, FL.

4. FEI Number

65-0

Applied For

Not Applicable

Zip
33143

Country

Zip
33014

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Alberto Villoldo**

Street Address (P.O. Box Number is Not Acceptable)
4835 S.W. 85 ST.

City **MIAMI, FLORIDA FL** Zip Code **33143**

**DO NOT WRITE
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Alberto Villoldo Pres + 4835 S.W. 85 ST. TR MIAMI, FL. 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

Daytime Phone #