

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90044 025 ***150.00

DOCUMENT # H99297

1. Entity Name

INNOVATIVE HEADWEAR INC.

DO NOT WRITE IN THIS SPACE

90100575

2. Principal Place of Business

507 SOUTH G STREET

Suite, Apt. #, etc.

3. Mailing Address

507 SOUTH G STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

59-2675830

Applied For

Not Applicable

Zip

33460

Country

Zip

33460

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name KIRAN PATEL

Street Address (P.O. Box Number is Not Acceptable)
507 SOUTH G STREET

City LAKE WORTH

FL

Zip Code 33460

**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.

KIRAN PATEL

4/8/03

(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

D/C
KIRAN PATEL
7481 GREENVILLE CR
LAKE WORTH FL 33467

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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

KIRAN PATEL

4/7/03 561-547-0618

Date

Daytime Phone #

CR2E034B (12/01)