

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90058 020 \*\*\*\*50.00

**DOCUMENT #** LO1000018081**1. Entity Name**

DLA APPAREL LLC

**Principal Place of Business**17240 NW 64TH AVE. #103  
HIALEAH FL 33015**Mailing Address**17240 NW 64TH AVE. #103  
HIALEAH FL 33015**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**

65-1150868

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐**\$5.00 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

LURIE, DWIGHT

17240 NW 64TH AVE. #103  
HIALEAH FL 33015

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS LURIE, DWIGHT  
CITY-ST-ZIP 17240 NW 64TH AVE. #103  
HIALEAH FL 33015TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS DEMSKY, LAURIE  
CITY-ST-ZIP 733 N. KINGS ROAD #312  
LOS ANGELES CA 90069TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME ~~MGRM~~  
STREET ADDRESS ~~AUSTIN, DEREK~~  
CITY-ST-ZIP ~~935 WESTBOURNE #205~~  
~~W. HOLLYWOOD CA 90069~~TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-29-02

305-688-9772

CR2E083 (9/01)