

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

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91511 018 \*\*\*150.00

DOCUMENT # **P01000111514**

1. Entity Name

**OUTLAW ORIGINALS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1091 EAST 52 STREET**  
Suite, Apt. #, etc.

3. Mailing Address

**1091 EAST 52 STREET**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**HTALEAH, FL**

City & State

**HTALEAH, FL**

4. FEI Number

**90-0008187**

Applied For

Not Applicable

Zip

**33013**

Country

**USA**

Zip

**33013**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **JOHN LLOVET**

Street Address (P.O. Box Number is Not Acceptable)  
**1091 EAST 52 STREET**

City **HTALEAH**

FL

Zip Code  
**33013**

**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 UBR Application.

**JOHN LLOVET, DIRECTOR**

(NOTE: Registered Agent signature required when resigning)

**04/16/02**  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

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

**DIP/IS/T  
JOHN LLOVET  
1091 EAST 52 STREET  
HTALEAH, FL 33013**

TITLE  
NAME  
STREET ADDRESS  
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)(f), 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:

**JOHN LLOVET, DIRECTOR** **04/16/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)