

**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 99 000 108 096**

1. Entity Name

WESTERN OUTFITTERS, INC.

DO NOT WRITE IN THIS SPACE

10003010

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

TITLE
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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

Date

Daytime Phone #

4/17/03

CR2E034B (12/01)