

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90032 018 ***150.00

DOCUMENT # P00000045513

1. Entity Name
KENARI GROVES GENERAL, INC.

Principal Place of Business
**5073 WILLOW POND RD. W.
 W. PALM BEACH FL 33417**

Mailing Address
**5073 WILLOW POND RD. W.
 W. PALM BEACH FL 33417**

R0017933



2. Principal Place of Business
3160 D ROAD

3. Mailing Address
3160 D ROAD

Suite, Apt. #, etc.
LOXAHATCHEE, FL

Suite, Apt. #, etc.
LOXAHATCHEE, FL

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-1005571**

Applied For
 Not Applicable

Zip
33470

Country
PALM BEACH

Zip
33470

Country
PALM BEACH

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAY NYO, KHIN
5073 WILLOW POND RD. W.
W. PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name **LAY NYO KHIN**
 Street Address (P.O. Box Number is Not Acceptable)
3160 D ROAD
 City **LOXAHATCHEE** **FL** Zip Code **33470**

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 *Lay Nyo Khin* **LAY NYO KHIN**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-22-02
DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
D	LAY NYO, KHIN	5073 WILLOW POND RD. W.	W. PALM BEACH FL 33417	<input type="checkbox"/>
D	KHIN, U	5073 WILLOW POND RD. W.	W. PALM BEACH FL 33417	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	LAY NYO KHIN	3160 D ROAD	LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	KHIN, U	3160 D ROAD	LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lay Nyo Khin* **LAY NYO KHIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02
Date

561-798-0008
Daytime Phone #

CR2E034 (9/01)