

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90128 009 ***150.00

DOCUMENT # P98000014294

1. Entity Name
NU-WEST ENTERPRISES, INC.

Principal Place of Business
**927 SAVANNAH FALLS DRIVE
 WESTON FL 33327**

Mailing Address
**927 SAVANNAH FALLS DRIVE
 WESTON FL 33327**

UUU47541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **14023 N. CYPRESS COVE CIR** 3. Mailing Address **14023 N. CYPRESS COVE CIR**

Suite, Apt. #, etc.

City & State **DAVIE, FL.** City & State **DAVIE, FL.**

Zip **33325** Country **USA** Zip **33325** Country **USA**

4. FEI Number **65-0818877** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYLEN, IAN J ESQ
 1925 BRICKELL AVENUE
 SUITE 0207
 MIAMI FL 33129**

Name **CHANNA, NARVINDER S**
 Street Address (P.O. Box Number is Not Acceptable) **14023 N. CYPRESS COVE CIR**
 City **DAVIE FL** Zip Code **33325**

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 Narvinder S. Channa DATE April 24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CHANNA, NARVINDER S 927 SAVANNAH FALLS DRIVE WESTON FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D CHANNA, NARVINDER S 14023 N. CYPRESS COVE CIR. DAVIE, FL. 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Narvinder S. Channa DATE April 24/01 (954) 895-5159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/00)