

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99000000187

1. Entity Name

WESTGATE HOLDINGS, L.L.C.

FILED

Principal Place of Business

Mailing Address

5870 WESTIRLO BRANSON HWY.
KISSIMMEE, FL 34746

P.O. BOX 421387
KISSIMMEE
FL 34742-1387

01 JUL -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0647193

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

O'NEILL, BERNARD C. ESQ
200 E. ROBINSON ST. No. 865
ORLANDO, FL 32801

Name: NADEEM BATTALA
Street Address (P.O. Box Number is Not Acceptable): 10027 CANOPY TREE CT.
City: ORLANDO FL Zip Code: 32836

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)

6/23/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: P
NAME: KHURRAM SHEIK
STREET ADDRESS: P.O. BOX 421060
CITY-ST-ZIP: KISSIMMEE, FL 34742

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: S
NAME: NADEEM BATTALA
STREET ADDRESS: P.O. BOX 421060
CITY-ST-ZIP: KISSIMMEE, FL 34742

TITLE: 100004474921
NAME: -07/13/01-01035-012
STREET ADDRESS: *****50.00
CITY-ST-ZIP: *****50.00

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CITY-ST-ZIP: ☐ Change ☐ Addition

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 #

4-17-01 407-963-5183

CR2E083 (11/00)