2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043829

1. Entity Name
HKT ENTERPRISES, INC.

FILED
01 SEP 18 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5872 RED BUG LAKE RD #209 WINTER SPGS FL 32708 US	5872 RED BUG LAKE RD #209 WINTER SPGS FL 32708 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3184214 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, KAMLESH
1074 EDMISTON PLACE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
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	P PATEL, KAMLESH 5872 RED BUG LAKE RD WINTER SPGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600004610036--2 -09/25/01--01029--030 ****158.00 ****158.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, HINNA 5872 RED BUG LAKE RD WINTER SPGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: SIGNATURE REQUIRED 9-12-01 (407) 696-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HKT ENTERPRISES INC
5872 RED BUG LAKE ROAD
WINTER SPRINGS
FLORIDA. 32708.

TELE:- (407) 696-4449.

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Dear Sirs,

SEPT 10TH 2001

RE:- P93000043829.
HKT ENTERPRISES INC.

Regarding the above named corporation, which I filed in May 2001, can you please waive the late fee, as business is slow and we do not have the financial resources to pay.

The reason for this is because, I received a 2nd notice and upon receiving this letter I called your office and spoke to someone.

Enclosed please find a check for $158.00 If you have any questions please call me.

Thank You.

KAMLESH PATEL