

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P93000043829**

1. Entity Name
H. K. T. ENTERPRISES INC.

FILED

02 JUN 10 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5872 Red Bug Rd

3. Mailing Address

5872 Red Bug Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINTER SPRINGS, FL.

City & State
WINTER SPRINGS, FL.

4. FEI Number

59-318-4214

Applied For

Not Applicable

Zip

32708

Country

SEMINOLE

Zip

32708

Country

SEMINOLE

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KAMLESH PATEL

Street Address (P.O. Box Number is Not Acceptable)

1074 EDMISTON PLACE

City

LONGWOOD

FL

Zip Code

32779

**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 **NA**

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	PRESIDENT KAMLESH PATEL 1074 EDMISTON PL. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HINNA PATEL 1074 EDMISTON PL. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER C.L. COOPER 18 LOTUS LA DR. CASSELLBERRY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005816316--7 -06/18/02--01059--020 *****75.00 *****75.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

6/6/02 401-699-5307

Date

Daytime Phone #

CR2E034B (12/01)