

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088566

1. Entity Name

MOORE HAVEN ENTERPRISE CORPORATION

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90261 004 \*\*\*150.00

Principal Place of Business

Mailing Address

MOORE HAVE ENTERPRISE CORP.  
1100 U.S. 27 HIGHWAY  
MOORE HAVEN FL 33873  
US

1100 U.S. 27 HWY.  
P.O. BOX 929  
MOORE HAVEN FL 33471-0929  
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

65-0619119

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

J.R. MUNDELL  
120 WEST OAK ST.  
ARCADIA FL 34266

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 \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	PATEL, KESHAV	
STREET ADDRESS	1211 US HIGHWAY 17 NORTH	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PATEL, DIPAK	
STREET ADDRESS	1211 US HIGHWAY 17 NORTH	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DESAI, KASHYAP	
STREET ADDRESS	1211 US HIGHWAY 17 NORTH	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, PRAKASH	
STREET ADDRESS	1211 US HIGHWAY 17 NORTH	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE OF J.R. MUNDELL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-00

Date

Daytime Phone #

CR2E034 (9/99)