

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 91107 001 \*\*\*300.00

DOCUMENT # P95000088566

1. Entity Name

MOORE HAVEN ENTERPRISE CORPORATION



Principal Place of Business  
MOORE HAVE ENTERPRISE CORP.  
1100 U.S. 27 HIGHWAY  
MOORE HAVEN FL 33873  
US

Mailing Address  
1100 U.S. 27 HWY.  
P.O. BOX 929  
MOORE HAVEN FL 33873  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

Deceased

Name

Prakash Patel

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

1211 US HWY 17 NORTH

City

Wauchoula

FL

Zip Code

33873

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PATEL, KESHAV  
STREET ADDRESS 1211 US HIGHWAY 17 NORTH  
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

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

TITLE STD  
NAME PATEL, DIPAK  
STREET ADDRESS 1211 US HIGHWAY 17 NORTH  
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

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

TITLE VD  
NAME DESAI, KASHYAP  
STREET ADDRESS 1211 US HIGHWAY 17 NORTH  
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

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

TITLE D  
NAME PATEL, PRAKASH  
STREET ADDRESS 1211 US HIGHWAY 17 NORTH  
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DIRECTOR 01-08-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)