Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90129 033 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800096830  1. Corporation Name UNITED WESTERN ENTERPRISES, INC.							
Principal Place	Mailing Address	ng Address			T 1061/061 II.E (8/8) 16/11 80/11 80/11 80/11 80/11 80/10 90/10 8/101 19/10 19/10	11 JUE)	
5208 N.W. 165TH ST. HIALEAH FL 33014		5208 N.W. 165TH ST. HIALEAH FL 33014				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 11/13/1998	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	
21		26 Contract # ata				APPLIED FOR Not Appli	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May 8	
23	28			<del></del>		Trust Fund Contribution Added to Feet	5
Zip	Country Zip			ntry		8. This corporation owes the current year Intangible  Personal Property Tax  Yes	. }
24	9. Name and Address of Curr	29 30	0			Personal Property Tax. Li Yes 10. Name and Address of New Registered Agent	
	9. Name and Address of Curr	ent Registered Agent		81	Name		
valiani, rafik						(DO D. N	
5208 N.W. 165TH ST.				82 Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33014				83			
					0''	85 Zip Code	
				FL   1			
office or re	enistered anent or both in the Sta	502 and 607.1508, Florida Statutes te of Florida. Such change was auth igations of, Section 607.0505, Florid	norizea	IDY T	named he corpo	corporation submits this statement for the purpose of changing its registrocration's board of directors. I hereby accept the appointment as registere	ered ed
SIGNATURE		AND TO THE REAL PROPERTY.	:	A	-lonoture se	required when reinstating) DATE	
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	Agent	signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	PD	☐ DELETE	1.1 TITLE				Addition
NAME			1.2 NA	ME		KHATIJA SAMNANI	
STREET ADDRESS	5208 N.W. 165TH ST.		1.3 ST	REET A	ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CIT	TY-ST-	ZI₽	HIALBAH FL 33014	
TITLE	☐ DELETE 2		2.1 TIT				Addition
NAME			2.2 NA	ME			j
STREET ADDRESS			2.3 ST	REET A	ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		- ZIP		
TITLE	☐ DELETE		3.1 111	3.1 TITLE		☐ Change	Addition
NAME			3.2 NA	ME	İ		
STREET ADDRESS			3.3 ST	REET #	ADDRESS	<u></u>	
CITY-ST-ZIP			3.4. CI	TY-ST-	-ZIP		
TITLE		☐ DELETE	4.1 TIT	Œ		☐ Change ☐	Addition
NAME		•	4. 2 N	AME			(
STREET_ADDRESŜ			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP			4 4 CF	TY-ST-	ZIP		

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or onyan attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITI F

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

305-621-<u>23</u>58

☐ Change

Change

Addition

☐ Addition