

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000076506**

1. Entity Name  
**KENWESTFAL ENTERPRISES, INC.**



**FILED  
Jan 31, 2003 8:00 am  
Secretary of State**

01-31-2003 90158 013 \*\*\*150.00

Principal Place of Business  
201 PARK PLACE.. #300  
ALTIMONTE SPRINGS FL 32701

Mailing Address  
201 PARK PLACE.. #300  
ALTIMONTE SPRINGS FL 32701

2. Principal Place of Business  
**7575 ST. STEPHEN'S CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**7575 ST. STEPHEN'S CT**  
Suite, Apt. #, etc.

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip **32835** Country

Zip **32835** Country

4. FEI Number **59-3595023**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, Hitesh  
201 PARK PLACE, #300  
ALTIMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name **PATEL - BHARATKUMAR D**

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

**7575 ST. STEPHEN'S CT**

City **ORLANDO** FL Zip Code **32835**

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 **Y01.28.2003**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PATEL, Hitesh N 712 GENTRY CT GOTHA FL 34734</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS PATEL, BHARATKUMAR D 8382 SANDPOINTE BLVD ORLANDO FL 32819</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P5 PATEL BHARATKUMAR D 7575 ST. STEPHEN'S CT ORLANDO FL 32835</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PATEL, LATA P 1125 EAST CHURCH ST JASPER GA 30143</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Y01.28.2003**

**(407)294-1716**

Date

Daytime Phone #

CR2E034 (10/02)