

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90116 043 ***158.75

1. Entity Name
WEBBLE, INC. ✓
P00000020666

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 3846 BROOKMYRA DR.		Suite, Apt. #, etc. 3846 BROOKMYRA DR.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32837	Country USA	Zip 32837	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593628366	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 <input type="checkbox"/>
	<input type="checkbox"/>

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name K. OMAR HOSSAIN	
Street Address (P.O. Box Number is Not Acceptable) 3846 BROOKMYRA DR.	
City ORLANDO	FL Zip Code 32837

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 _____ (NOTE: Registered Agent signature required when translating) 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** ☐

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P K. OMAR HOSSAIN 3846 BROOKMYRA DR. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARIA C. HOSSAIN 3846 BROOKMYRA DR. ORLANDO, FL 32837
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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: **K. Omar Hossain**
K. OMAR HOSSAIN

4/22/02 **407 855 5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)