FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PODOOO34860

FAMILY ENTERPRISES OF TAMPA INC

	DO NOT WRITE	IN THIS SI	PAC			**************************************	FLORIDA
2. Principal F	Place of Business	3. Mailing Address	arivi W	to the entry as the first section			
3210	WEST COLUMBUS DE	SAMERS	PRI	MIPAL			
Suite, Apt	, #, etc.	Suite, Apt, ≢, etc.			DO NOT WRITE	IN THIS SPACE	
City & State TAMPA FL		City & State		4. FEI Number Applied For Not Applied For Not Applied For			
3340	Country USA	, Zip	Coun	itry	5. Certificate of Status Desired	□ \$8.75 Fee Re	5 Additional equired
gaf Sagrad			1-, 1		7. Name and Address of Current Re	gistered Agent	ſ
				Name	EGEL È UTREKA,	P.A.	
DO NOT WRITE			1575 1	Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE		343 AL	MERIA AVENUE		
izati. 1. m., m., t Marija Zapovi				CURAL	AABLES	FL 39	Code
O The steer	e named entity submits this statement for	STATE OF A		COICALC	<u> </u>		33134
Tax filing	Signature, typed or printed name of registered agent at partition is eligible to satisfy its intangible requirement and elects to do so.		ay 1 Fe 1, Fee i I UBR i	s \$61.25	10. Election Campaign Finan Trust Fund Contribution.	· ·	55.00 May Be Added to Fees
11.	OFFICERS AND E		1 1 1 1 1 1		randi. Tanàna ing kalong ang ini ara-ana and ang		T. PALLERATION
TITLE	PVS		-TITLE		6000048	2003	604
NAME	IVELISE HOOKS		NAME			201040	
STREET ADDRESS				ET ADDRESS	*****		**88.75
CITY - ST - ZIP	TAMPA FL 33607			st-zip	6000048	ഠനനാ	
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NAME			NAME			.25 ***	
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NAME.			NAME			I AV L	
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NAME			NAME	***: - 4 1. 9.14 #			
STREET ADDRESS			**** **	TADORESS			
CITY-ST-ZIP			CHY	ST ZIP		. Jan. 34	
TITLE			TITLE	Page 2. 引起设计图 6	a a feral mark black		
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STREET ADDRESS CITY-ST-ZIP	,2		1 . 17 4	ST ZIP		1/28/	
			12 1		ek dikiti di kalandar pelua, eli erasi tutesi.		The Harman St. Th. Co.
 I hereby of indicated 	certify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for rue and accurate and that m	the exer y signati	mption stated in Sec ure shall have the si	tion 119.07(3)(i), Florida Statutes. I fur ame legal effect as if made under oatl	ther certify that it that I am an of	the information ficer or director

13. I hereby certify that the information supplied with this filing does not quality 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 directo 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: Jalus

1/24/02 813-875-7670