V <sub>L</sub>	FOR PROFIT ( JNIFORM BUSINE	ORPORATIONS REPORT	ON (UBR)	FILFD
	JMENT # POlooo		*	
WEBB CITY ENTER PRISES , I			10	03 JAN -2 PM 2: 18
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<u> </u>	1		- · · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	DO NOT WRITE	IN THIS SF	PACE	
_	Place of Business	3. Mailing Address	- 0	
Suite, Apt	.#, etc.	355 8TH Suite, Apt. #, etc.	ST SOUTH	DO NOT WRITE IN THIS SPACE
City & Sta	nte	City & State	FLORIDA	
ST P	ETE FLORIDA	ST. PETE	SI-PE	4. FEI Number   Applied For   S 9 3 7 0 9 68 4   Not Applicable
Zip 337	Country U.S.A	33 <b>7</b> 0 1	Country U.S.	A 5. Certificate of Status Desired   \$8.75 Additional Fee Required
			TELE COLIS	7. Name and Address of Current Registered Agent
	DO NOT WI	DITE	Name A	JAMRATA - A AMIN
شو د د				ess (P.G-Box Number is Not Acceptable)
•	IN THIS SP	ACE	555	46TH " AVENUE NORTH
			City CT.	PETERSBURG FL Zip Code 33703
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or reg	istered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating) DATE
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1 Amended	y 1 Fee is \$150.00 , Fee is \$550.00	
11.		Make Check Payable	to Department of	10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees
	OFFICERS AND D	IRECTORS	to Department of	Trust Fund Contribution Added to Foos
TITLE NAME	PRESIDENT , SE	RECTORS CRETARY	to Department of	State Trust Fund Contribution. Added to Fees
NAME STREET ADDRESS	PRESIDENT, SE NAMPATA A AM 555 46th AVE	RECTORS CRETARY	to Department of	Trust Fund Contribution Added to Foos
NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, SE	IRECTORS CRETARY IN	to Department of TITLE NAME	State Trust Fund Contribution. Added to Fees
NAME STREET ADDRESS	PRESIDENT, SE NAMPATA A AM 555 46th AVE	IRECTORS CRETARY IN North	TITLE NAME STREET ADDRESS CITY-ST-ZIP	State Trust Fund Contribution. Added to Fees
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRESIDENT, SE NAMPATA A AM 555 46th AVE	IRECTORS CRETARY IN North	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution. Added to Fees  700099998407 01/09/0301059010 **150.00
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NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRESIDENT, SE NAMPATA A AM 555 46th Ave St. Petersburg	IRECTORS CRETARY IN North	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution. Added to Fees  700099998407 01/09/0301059010 **150.00  DO NOT-WRITE-

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:

Observed to 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:

Observed to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated in the information in the information in th SIGNATURE AND DEPENDED PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP

To, Dept of Conforations We at Webb aty Enterprises" never received a notice for \$150,00. UBR fee. We got one for \$550.00 8 thats when 9 found out we had to pay \$ 150.00 for senewal. This is our first year & first time ever dealing with the Corporations. I personally sent in a Check with a letter at that time in Septemble: best the check was never closed. Recently when 9 = was = ready to sign a new lease; my landbord told me that my Cosporation is dissolved. 9 dent understart. 9 called the 850 number for corporations. The lady said I should

sond a \$150.00 denewal fee again