

AMENDED ANNUAL REPORT 2000

DOCUMENT.# P94000034399

1. Entity Name
WEBBY'S PUB & GRUB, INC.

FILED

00 OCT 26 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

5219 W. Broward Blvd.

3. Mailing Address

5219 W. Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
65-0484563

Applied For
Not Applicable

Zip
33317

Country
U.S.A.

Zip
33317

Country
U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Velma Webster
5219 W. Broward Blvd.
Plantation, FL 33317

7. Name and Address of New Registered Agent

Name
Louis J. Terminello, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Terminello & Terminello, P.A.
2700 S.W. 37th Avenue
City
Miami, FL Zip Code
33133

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

Louis J. Terminello

(NOTE: Registered Agent signature required when reinstating)

09/29/00

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Director Velma Webster	☒ Delete
STREET ADDRESS CITY - ST - ZIP	5840 Palm Tree Road Plantation, FL 33317	
TITLE NAME		☐ Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY - ST - ZIP		

TITLE NAME	Pres., Vice-Pres, Sec'y, Treasurer	☒ Change ☒ Addition
STREET ADDRESS CITY - ST - ZIP	Director/Robert Frank Webster 5219 W. Broward Blvd. Plantation, FL 33317	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP		

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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 Block 12 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

Robert Frank Webster
Robert Frank Webster, President.

Date

Daytime Phone #

18

9/29/00 4:44-5002 (305)