

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90023 042 ***150.00

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DOCUMENT # P97000025512

1. Entity Name
WEBE 4, INC.

Principal Place of Business
593 N BROADWALK
HOLLYWOOD FL 33019
US

Mailing Address
2835 N.W. 70TH AVE.
MARGATE FL 33063
US

80090933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
593 N. BROADWALK

3. Mailing Address
2835 N.W. 70TH AVE

Suite, Apt. #, etc.
None

Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State
MARGATE FL

4. FEI Number **65-0784019**

Applied For
 Not Applicable

Zip **33019** Country **U.S.**

Zip **33063** Country **U.S.**

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

6. Name and Address of Current Registered Agent

BARRETT, MICHAEL P
2835 N W 70TH AVENUE
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
 NAME **BARRETT, MICHAEL P**
 STREET ADDRESS **2835 N W 70TH AVENUE**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **V** ☐ Delete
 NAME **BARRETT, HELEN J**
 STREET ADDRESS **2835 N.W. 70TH AVE.**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Michael P Barrett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 954-344-6055
 Date Daytime Phone #

CR2E034 (9/01)