

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L44837

1. Entity Name

D&R SUBWAY, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90136 026 ***150.00

Principal Place of Business % MIGUEL H. ORTIZ, SR. 3813 NORTHDALE BLVD. TAMPA FL 33624 US	Mailing Address % MIGUEL H. ORTIZ, SR. 3813 NORTHDALE BLVD. TAMPA FL 33624-1841 US
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2. Principal Place of Business 19340 Garden Quilt Cir. - 19340 Garden Quilt Dr. Suite, Apt. #, etc.	3. Mailing Address 19340 Garden Quilt Dr. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Lutz, FL	City & State Lutz, FL	4. FEI Number 59-2992542	Applied For <input type="checkbox"/> Not Applicable
Zip 33569	Country Hillsborough	Zip 33569	Country Hillsborough

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ORTIZ, MIGUEL H., SR.
 13604 S. VILLAGE DR.
 TAMPA FL 33624

7. Name and Address of New Registered Agent

Name: IDALIA M. SCHAUT
 Street Address (P.O. Box Number is Not Acceptable): 19340 Garden Quilt Circle
 City: Lutz FL 33569

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: *Idalia M. Schaut* IDALIA M. SCHAUT, 1-11-2000
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P-D SCHAUT, IDALIA M 19340 GARDEN QUILT CIR LUTZ FL 33549 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D RAQUEL M. CAMARELO 19340 GARDEN QUILT DR. Lutz, FL 33549 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Idalia M. Schaut* IDALIA M. SCHAUT - President 1/11/00 (13) 926-9...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #