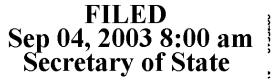
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** L93832 1. Entity Name

DELI-BOY SUBS. INC.

**SIGNATURE:** 



09-04-2003 90058 018 \*\*\*550.00

				,			TIGE						
Principal Place of Business 11328 ST ROAD 84 DAVIE FL 33325			11328	Mailing Address 11328 ST ROAD 84 DAVIE FL 33325								)	
2. Principal F	Place of Busin	ess	3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 59-3038802 Applied For Not Applicable					
Zip Country			Zip	Zip			5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name	and Address of Cu	rrent Registere	Registered Agent			7.	7. Name and Address of New Registered Agent					
SIMONSO	ON, THOMA		- ·	. <del>.</del>		Name Street A	ddroog (BO	Pov Numbor	in Net Appartable)				
11202 ST RD 84 DAVIE FL 33325			,	•			Street Address (P.O. Box Number is Not Acceptable)  //328 57 Rd 84						
,						City Davie				FL Zip Code			
	named entity tions of regist	submits this statemered agent.	ent for the purpo	ose of changing its	registere		<u> </u>	gent, or both	, in the State of Florid	da. I am fa			
SIGNATURE .	Signature, typed	cr printed name of registered	agent and title if appl	cable. (NOTI	E: Registered	Agent signatu	ire required when	reinstating)		DATE			
After Se Make Check	ptember 10.	FEE IS \$550.00 2003 Fee will be Florida Departme	\$750.00 ent of State					Trus	tion Campaign Finar t Fund Contribution.		Added	May Be to Fees	
10.	T	OFFICERS	AND DIRECTOR	RS	11.		А	DDITIONS/C	HANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMONSO 11202 ST DAVIE FL:			☐ Delete			11328 TAULE	s stæ	ત્ર ક્ક્યું 3333	į	<b>∠</b> Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	٧	N, PATRICIA		□ Delete	TITLE NAME STREE			s StR		1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n # 7	. مجهدی ساخ	The state of the s	Delete	TITLE NAME STREE CITY-S	T ADDRESS	Ew^		<u>.</u>	_ {	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				(	Change	☐ Addition	
TITLE Name Street address City-St-Zip				Delete	TITLE NAME STREET CITY-S	T ADDRESS				ĺ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.   hereby c	certify that the	information supplied	d with this filing	Delete	CITY-S		ed in Section	119.07(3)(i)	Florida Statutes. I fu		Change	☐ Addition	
indicated	on this repor	t or supplemental rep e receiver or trustee chment with an addr	ort is true and a	ccurate and that n	nv sianatu	ire shall ha	ave the same	legal effect	as if made under oat	th: that I am	an officer	or director	