

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 044 ***150.00

DOCUMENT # PO100006475P

1. Entity Name

Subway 2402P, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19420 NW 3rd Court

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33029

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Idris Myerson

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

19420 NW 3rd Court

City

Pembroke Pines

FL

Zip Code

33029

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

Idris Myerson

Signature of, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
President
Idris Myerson
19420 NW 3rd Court
Pembroke Pines, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Idris Myerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)