

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90295 007 \*\*\*150.00

0407623 AV

**DOCUMENT #** P02000004667

1. Entity Name  
**SUBWAY 25779, INC.**



Principal Place of Business  
**508 EAST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435**

Mailing Address  
**508 EAST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435**

11010004



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**MARVIN SAGER**  
Suite, Apt. #, etc.  
**4160 SW 149 TERR.**  
City & State  
**MILAMAR, FL.**  
Zip  
**33027**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MOSKOVITZ, DANIEL E ESQ.  
48 EAST FLAGLER STREET  
PENTHOUSE 104  
MIAMI FL 33131**

4. FEI Number  
**010576949**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**SAGER, MARVIN**

Street Address (P.O. Box Number is Not Acceptable)  
**4160 SW 149 TERR.**

City  
**MILAMAR**

FL Zip Code  
**33027**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Marvin Sager* **MARVIN SAGER DIRECTOR** **4-24-03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAGER, STEVEN</b> <b>508 EAST BOYNTON BEACH BLVD.</b> <b>BOYNTON BEACH FL 33435</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>SAGER, MARVIN</b> <b>4160 SW 149 TERR.</b> <b>MILAMAR, FL. 33027</b>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marvin Sager* **MARVIN SAGER** **4-24-03** **(954) 433-4885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #