

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

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

04-28-2003 90296 044 ***150.00

0407431 AV

DOCUMENT # **P02000041588**

1. Entity Name
SUBWAY 25778, 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**

2. Principal Place of Business

3. Mailing Address

MARVIN SAGER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4160 SW 149 TERR.

City & State

City & State

MIKAMAK, FL

4. FEI Number

75-3046743

Applied For

Not Applicable

Zip

Country

Zip

Country

33027

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSKOVITZ, DANIEL ESQ.
48 EAST FLAGLER STREET
PENTHOUSE 104
MIAMI FL 33131**

Name

SAGER, MARVIN

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

4160 SW 149 TERR.

City

MIKAMAK

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	D <input type="checkbox"/> Delete
NAME	SAGER, STEVEN
STREET ADDRESS	508 EAST BOYNTON BEACH BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAGER, MARVIN
STREET ADDRESS	4160 SW 149 TERR.
CITY-ST-ZIP	MIKAMAK, FL. 33027
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

CR2E034 (10/02)