

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90095 012 ***150.00

DOCUMENT # **P02000104914**

1. Entity Name
FALLS SUBWAY CORP.



Principal Place of Business
**13770 SOUTHWEST 17TH TERRACE
MIAMI FL 33175**

Mailing Address
**13770 SOUTHWEST 17TH TERRACE
MIAMI FL 33175**

55045464



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1650513

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name **Sylvia P. SOHR**

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

**13770 SW 17th Terrace
City Miami FL Zip Code 33175**

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 **Sylvia P. Sohr**

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

(NOTE: Registered Agent signature required when reappointing)

4-28-03

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 **PO** ☐ Delete
NAME **SOHR, SYLVIA P**
STREET ADDRESS **13770 SOUTHWEST 17TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VPD** ☐ Delete
NAME **MARTINEZ-SOHR, MANUEL**
STREET ADDRESS **13770 SOUTHWEST 17TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **S** ☐ Delete
NAME **JIMENEZ, GUILLERMO**
STREET ADDRESS **13770 SOUTHWEST 17TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **TD** ☐ Delete
NAME **MARTINEZ-SOHR, IVAN**
STREET ADDRESS **13770 SOUTHWEST 17TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MARTINEZ-SOHR, MANUEL**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MARTINEZ-SOHR, IVAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Sylvia P. Sohr** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 305-551-6109

Date

Daytime Phone #

CR2E034 (10/02)