

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90024 017 ***150.00

DOCUMENT # P93000031868					
1. Entity Name BELLA VISTA - SUBWAY MILLER, INC.					
Principal Place of Business 15945 SW 83 TERR MIAMI, FL 33193 US			Mailing Address 15945 SW 83 TERR MIAMI, FL 33193 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01292004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0414877				Applied For Not Applicable	
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	
LEON, HUGO P 6236 SW 136TH CT APT B-208 MIAMI, FL 33183				Name HUGO P. LEON	
				Street Address (P.O. Box Number is Not Acceptable) 15945 SW 83 TERR	
				City MIAMI, FL FL Zip Code 33193	
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: <i>Hugo P. Leon</i> HUGO P. LEON / PRESIDENT DATE: 1-29-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D LEON, HUGO P 15945 SW 83 TERR MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HUGO P. LEON 15945 SW 83 TERRACE MIAMI, FL 33193 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <i>Hugo P. Leon</i> HUGO LEON / PRESIDENT Date: 1-29-04 Daytime Phone #: 786-208-9398 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					