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PROFIT CORPORATION -ANNUAL RÉPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000071779

1. Corporation Name

SUBWAY 19286, INC.

| FILED |
|----------------------|
| Apr 23, 1999 8:00 am |
| Secretary of State |

04-23-1999 90026 043 ***158.75

| 10 hain, 1, 1, 1, 1, 1 | | . • | | | | | | | | | | |
|---|---|-------------------------|--|------------------------------------|-----------------|---------------|---------------------------------------|----------------------|-----------------|--------------|------------------|--------------|
| Principal Place | e of Business | Mailing Address | | | | - | 118 | B11-8-00+ 1+10 1-011 | #\$;J########## | | | |
| 9060 SOUTH DIXIE HIGHWAY 9060 SOUTH DIXIE HIGHWAY MIAMI FL 33143 MIAMI FL 33143 | | | | | : | 3, 1 | | D / | 2 NOT 1M | NTE 161 TIN | # | |
| | | , | | | | <u> </u> | | | | RITE IN THI | S SPACE | |
| | • | | | _ | | | 3. Date Inc 08/14/ | 1998 | or Qualife | d | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | 4. FEI Nun | nber C | 057 | 1302 | Ap | plied For |
| 21 26 . | | | | | | | | <u>2 ~ C</u> | 100 | 2003 | | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | , etc. | 5. Certificate of Status Desired | | | | \$8.75 A | | | | |
| City & State City & State | | | | | | | 6. Election | Campaign | Financing | , , | \$5.00 | May Be |
| 23 28 | | | | | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | Zip | Co | ountry | , | | 8. This cor | poration ov | wes the cu | rrent year h | ntangible | |
| 24 | 25 | 29 | 30 | | | | Persona | l Property | Tax. | | Yes | □No |
| | 9. Name and Address of Curren | | | | | 1 | 0. Name a | nd Addres | ss of New | Registered | Agent | |
| <u> </u> | | | • | 81 | Name | | | | | · | | |
| MYS | SOREWALA, IDRIS | | | | <u> </u> | A | (0.0.0- | Niveshee !- | Not Asses | toblo) | | |
| 9060 | O SOUTH DIXIE HIGHWAY | • | | 82 | Street A | Address | (P.O. Box | Number is | Not Accet | nable) | | |
| MAIM | MI FL 33143 | •• | | 83 | 1 | | | | | | | |
| | | | | | | | | | | | | |
| | | | | 84 | City | | | | | F | 85 Zip (| Code |
| | | 1007 4500 FI | | | | | iaa aubmita | this states | mant for th | • | — i | ragistared |
| Office or r | to the provisions of Sections 607.050 registered agent, or both, in the State | of Florida, Such char | かん かおく おけりりけん | ed hv | the como | corporation's | board of di | rectors. I h | ereby acc | ept the app | ointment as re | gistered |
| agent. I a | rm familiar with, and accept the obliga | ations of, Section 607. | 0505, Florida Sta | atutes | | | | | • | | | |
| SIGNATURE | | | | | | | | | | | | |
| Old II (10 KE | Signature, typed or printed name of registered age | | (NOTE: Register | | nt signature re | equired who | | | | DATE | | DO 411 40 |
| 12. | | ND DIRECTORS | 13 | _ | | | ADDITIO | NS/CHANG | SES TO O | FFICERS A | ND DIRECTO | Addition |
| TITLE | PD | | ELETE 1.1 | TITLE | | VPD | | | _ | | Change | Applicati |
| NAME | Mysorewala, Idris | | 1.2 | NAME | 1 | | Q VWW | MVMI | ł' 🚽 | . att. A S | 315 | |
| STREET ADDRESS | 19420 N.W. 3RD COURT | | 1.3 | STREE | T ADDRESS | 730 | | | | A A | 510 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | | 1.4 | CITY-S | T-ZIP | MIAM | 1 FL | 33(| 43 | | | |
| TITLE | VPD | | ELETE 2.1 | TITLE | | DIRE | CTOR | | | | Change | Addition |
| NAME | KARIM, MOHAMMED HANIF | | 2.2 | NAME | | MOH | MMEN | SAL | IM | | | |
| STREET ADDRESS | OCCUPATION AND ALIENTEE | • | 2.3 | STREE | TADDRESS | 833 | 5 5.4 | J. 15a | AVE * | - 2~ 400 | , | |
| CITY-ST-ZIP | COOPER CITY FL 33026 | | 2.4 | CITY-S | Į. | MIA | _ | | 3193 | | | |
| TITLE | 0001211 011112 00020 | | | TITLE | | _ | | | | | ☐ Change | Addition |
| | | | | NAME | l | | | | | | ** | |
| NAME | | | 1 | | TADDRESS | | | • | | | | |
| STREET ADDRESS | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | CITY-S | 31-ZIP | | | | | | C Change | Addition |
| TITLE | | | | | | | | | | | الها المارك ليها | |
| NAME | | | | NAME | | | | | | | | |
| STREET ADDRESS | 1 | | 4.3 | STREE' | TADORESS | 1 | | | | | | |
| | | | | | - 1 | | | | | | | |
| CITY-ST-ZIP | | | | CITY-S | T-ZIP | | | | | | | inter v a l |
| CITY-ST-ZIP | | <u> </u> | ELETE 5.1 | TITLE | T-ZIP | | | | · · · | | Change | Addition |
| | | | ELETE 5.1 | | T-ZIP | | | | · · · | | ☐ Change | ☐ Addition |
| TITLE | | | DELETE 5.1 5.2 | TITLE NAME | T-ZIP | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME | | | DELETE 5.1 5.2 5.3 | TITLE NAME | TADDRESS | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | | | 5.1 5.2 5.3 5.4 | TITLE NAME STREE | TADDRESS | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 5.2 5.3 5.4 9ELETE 6.1 | TITLE NAME STREE CITY-S | TADDRESS | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | 5.1 5.2 5.3 5.4 ELETE 6.1 6.2 | TITLE NAME STREE CITY-S TITLE NAME | TADDRESS | | | | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SMON KOUSE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR