

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000071791****1. Entity Name**
SUBWAY 6681, INC.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90037 035 ***150.00

Principal Place of Business
9546 S.W. 160TH STREET
MIAMI FL 33157**Mailing Address**
9546 S.W. 160TH STREET
MIAMI FL 33157**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0857297**

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****MYSOREWALA, IDRIS**
9060 SOUTH DIXIE HIGHWAY
MIAMI FL 33143

Name

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

City

FL

Zip Code

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.**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PD** ☐ Delete
NAME **MYSOREWALA, IDRIS**
STREET ADDRESS **19420 N.W. 3RD COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VPD** ☐ Delete
NAME **KARIM, MOHAMMED HANIF**
STREET ADDRESS **3001 BOGOTA AVENUE**
CITY-ST-ZIP **COOPER CITY FL 33026****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☒ Delete
NAME **MUHAMMAD, SALIM**
STREET ADDRESS **8335 S.W. 152 AVE. # 2-406**
CITY-ST-ZIP **MIAMI FL 33173****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **T** ☐ Delete
NAME **RIZWAN, KHAN A**
STREET ADDRESS **7324 S.W. 82ND ST. # B-205**
CITY-ST-ZIP **MIAMI FL 33143****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)