

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F53702**

1. Entity Name

SUBWAY DEVELOPMENT & MANAGEMENT CO., INC.**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90115 042 ***150.00

Principal Place of Business

**7540 NW 5 STREET
#1
PLANTATION FL 33317
US**

Mailing Address

**7540 NW 5 STREET
#1
PLANTATION FL 33317-1615
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2423732

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

**SERABIAN, CHARLES B.
11950 NW 6TH ST
PLANTATION FL 33325**

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

FILE NOW!!! FEE IS \$150.00Tax filing requirement and elects to do so ☐

(See criteria on back)

After MAY 1, 2000; Fee will be \$550.00**Make Check Payable to Department of State**

10. Election Campaign Financing

\$5.00 May BeTrust Fund Contribution ☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	<input type="checkbox"/> Delete
NAME	SERABIAN, CHARLES B.	
STREET ADDRESS	7540 NW 5 ST STE 1	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

C0063459

DO NOT WRITE IN THIS SPACE

CHARLES B. SERABIAN**3-30-2000****954 571-3344**