2001 UNIFORM BUSINESS REPORT (UBR)

Feb 22, 2001 8:00 am **DOCUMENT # F53702** Secretary of State SUBWAY DEVELOPMENT & MANAGEMENT CO., INC. 02-22-2001 90127 005 ***150.00 Principal Place of Business Mailing Address 7540 NW 5 STREET 7540, NW/5 STREET PLANTATION FL 33317 ATION FL 33317 2. Principal Place of Business 3. Mailing Address CLOCKY 10097 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-2423732 aw Tation Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Browner Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SERABIAN CHARICS 13. SERABIAN, CHARLES B. Street Address (P.O. Box Number is Not Acceptable) 11950 NW-6TH-ST Cheary PEANTATION FL-33325 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. GNATURE CHORICS 13. SERABIAN Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2001 Fee will be \$550.00 'Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 12. TITLE Delete NAME SERABIAN, CHARLES B. NAME STREET ADDRESS STREET ADDRESS 7540 NW 5 ST STE 1 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL_3317 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition -TITLE . , --- 🔲 Delete . _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition NAME STREET ADDRESS 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 of 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.

SERABIAN

CHARLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: