

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90123 050 ***150.00

0616901

DOCUMENT # F85825
1. Entity Name
SUBWAY DEVELOPMENT CORP.

Principal Place of Business
**321 EAST HILLSBORO BLVD
DEERFIELD BEACH FL 33441
US**

Mailing Address
**767 SOUTH STATE ROAD #13
POMPANO BEACH FL 33068
US**

2. Principal Place of Business
704 NE 1ST COURT
Suite, Apt. #, etc.

3. Mailing Address
704 NE 1ST COURT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DELRAY BCH FL
Zip
33483 Country

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4. FEI Number **59-2199289** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEVIN, WAYNE
C/O SUBWAY DEVELOPMENT
321 EAST HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent
Name **WAYNE LEVIN**
Street Address (P.O. Box Number is Not Acceptable)
704 NE 1ST COURT
City **DELRAY BEACH FL** Zip Code **33483**

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 DATE **1-8-2001**
(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVIN, WAYNE		NAME LEVIN, WAYNE	
STREET ADDRESS 321 EAST HILLSBORO BLVD		STREET ADDRESS 704 NE 1ST COURT	
CITY-ST-ZIP DEERFIELD BEACH FL		CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE **1-8-2001** DAYTIME PHONE # **954-415-3995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)