

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19846

1. Entity Name

P.V.P. I SUBWAY CORP.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90034 001 \*\*\*150.00

Principal Place of Business

Mailing Address

13833 WELLINGTON TRACE  
W PALM BCH. FL 33414

13833 WELLINGTON TRACE  
W PALM BCH. FL 33414-2116

2. Principal Place of Business

3. Mailing Address

Same

SUBWAY 5970 JRG RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH FL

Zip

Country

Zip

Country

33467

USA

4. FEI Number

59-2678662

Applied For

Not Applicable

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

PORTO, KEN  
13833 WELLINGTON TR  
W PALM BCH FL 33414

Name

KEN PORTO

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

5970 JRG ROAD

City

LAKE WORTH

FL

Zip Code

33467

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

KEN PORTO

SD

4/24/00

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, 2000 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 VULCANO, MICHAEL  
STREET ADDRESS 13833 WELLINGTON TRACE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD ☒ Change ☐ Addition  
NAME Michael Vulcano  
STREET ADDRESS 13833 Wellington Trace  
CITY-ST-ZIP WPB, FL 33414

TITLE SD ☐ Delete  
NAME PORTO, KENNETH  
STREET ADDRESS 2737 YARMOUTH DR.  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PORTO, DAVID  
STREET ADDRESS 2659 YARMOUTH DR  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☒ Change ☐ Addition  
NAME DAVID PORTO  
STREET ADDRESS 2659 YARMOUTH DR  
CITY-ST-ZIP WPB, FL 33414

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

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

4/24/00

Date

561-582-7938

Daytime Phone #

CR-1 (01-01-00)