## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # J19846** 1. Entity Name P.V.P. I SUBWAY CORP. 04-12-2001 90117 001 \*\*\*300.00 Principal Place of Business Mailing Address 13833 WELLINGTON TRACE SUBWAY 5970 JOG RD 33440 W PALM BCH. FL 33414 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2678662 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORTO, KEN Street Address (P.O. Box Number is Not Acceptable) 5970 JOG RD LAKE WORTH FL 33467 City 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, typed or a inted name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ■ Addition Change TITLE □ Delete TITLE VULCANO, MICHAEL NAME NAME 13833 WELLINGTON TRACE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITI F PORTO, KENNETH NAME NAME 227 DARTMOUTH DR LAKE WORTH, FE 33460 STREET ADDRESS 2737 YARMOUTH DR. STREET ADDRESS CITY-ST-ZIF WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PORTO-DAVID NAME NAME 2659 YARMOUTH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

3/29/01

561-582-7938

Daytime Phone #