

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K28584

1. Entity Name

SUBWAY 4144, INC. C/O MAKVIN SAGER SUBWAY 4144 I

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90069 003 ***150.00

Principal Place of Business
SUBWAY 4144 NE %SAGER, MARVIN
4160 SW 149 TERR
MIRAMAR FL 33027
US

Mailing Address
MARVIN SAGER
4160 SW 149TH TERRACE
MIRAMAR FL 33027-3336

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0057585 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

SAGER, MARVIN
4160 SW 149TH ST.
MIRAMAR FL 33027

Name DAVID R. ROY P.A.
Street Address (P.O. Box Number is Not Acceptable) 4209 N FIDELITY HWY
City FORT LAUDERDALE FL Zip Code 33064

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 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	SAGER, MARVIN	
STREET ADDRESS	4160 SW 149TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	D	☒ Delete
NAME	GALLET, ROBERT	
STREET ADDRESS	1714 NE 142ND ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33181	
TITLE	O	☒ Delete
NAME	SAGER, STEVEN	
STREET ADDRESS	1159 SE 6TH CT	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	☒ Delete
NAME	GULLO, JOSEPH	
STREET ADDRESS	1847 NE 211 LANE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES	☒ Change ☒ Addition
NAME	WAHID GHANIWALA	
STREET ADDRESS	13036 NW 14 ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	VP	☒ Change ☒ Addition
NAME	ABDUL ABID	
STREET ADDRESS	10164 NW 31ST ST.	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	T.	☒ Change ☐ Addition
NAME	ANWAR MOTEN	
STREET ADDRESS	2803 SW 13TH DR.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	S	☒ Change ☐ Addition
NAME	ARSHAD SAIED	
STREET ADDRESS	3285 FOX CROFT RD, E110	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2EN34 (9/99)