## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # K88201** 1. Entity Name SUBWAY 1992, INC. 04-17-2000 90114 041 \*\*\*150.00 Mailing Address Principal Place of Business 2415 NW 30TH ST. 5030 CHAMPION BLVD BOCA RATON FL 33431-6210 STE G-1B **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-1845044 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIORGI, JOHN L Street Address (P.O. Box Number is Not Acceptable) 2415 NW 30TH ST. **BOCA RATON FL 33431** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 .... Make Check Payable to Department of State . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 > 12. " " " Tree " サイト さんしゅう MOFFICERS AND DIRECTORS (A Marie ) 11: 15: W. K ☐ Delete TITLE Change Addition TITLE GIORGI, JOHN L NAME NAME 2415 NW 30TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition Delete ☐ Change TITLE TITLE SERABIAN, CHARLES 8 NAME STREET ADDRESS STREET ADDRESS 7450 NW 5TH ST. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change ☐ Addition - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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 be a supplied with the supplied with this filing does not be a supplied with the supplied wit indicated on this report or supplemental report is true and accurate any tall 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 the user as legulated to 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 the user as legulated to 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 user as legulated to 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 user as legulated to 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 user as legulated to 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 user.

BOCA RATON, FL 33431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

1-4-2000 (561) 451-6640