

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92991

1. Entity Name

SUBWAY MANAGEMENT LEASING CORP.

Principal Place of Business

1117 S.E. AIROSO BLVD.
PORT ST. LUCIE FL 34983-2552

Mailing Address

1117 S.E. AIROSO BLVD.
PORT ST. LUCIE FL 34983-2552

2. Principal Place of Business

1117 SE Airoso Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3201
Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Stuart, FL

Zip

34983

Country

St. Lucie

Zip

34985

Country

Martin

6. Name and Address of Current Registered Agent

RUFO, FERDINAND
1117 S.E. AIROSO BLVD.
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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

TITLE **P** ☐ Delete
NAME **MEAD, MICHAEL J.**
STREET ADDRESS **P.O. BOX 3201 N/A**
CITY-ST-ZIP **STUART FL**

TITLE **VP** ☐ Delete
NAME **RUFO, FERDIANAND**
STREET ADDRESS **1117 SE AIROSO BLVD**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 #

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90207 001 ***300.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)