2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # K97774 1. Entity Name SUBWAY 3666, INC. 04-17-2000 90046 021 ***150.00 Principal Place of Business Mailing Address 14530 S MILITARY TR A-8 % JOHN L. GIORGI 2415 N.W. 30TH STREET DELRAY BCH FL 33484 BOCA RATON FL 33431-6210 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0421748 Not Applicable \$8.75 Additional Zip Country 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 N.W. 30TH STREET **BOCA RATON 33341** 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. SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (Sae criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE RESTORAGE Designation of TITLE / ASSIST Delete GIORGI, JOHN L NAME NAME STREET ADDRESS 2415 N.W. 30TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE SERABIAN, CHARLES B NAME NAME STREET ADDRESS STREET ADDRESS 7450 NW 5TH ST. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 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 reference 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

with all other like empowsed BWAY STORES MEQUUCHNIL GIORGI SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE ALLS INDIVID. 30111-57.