

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90048 002 \*\*\*\*50.00

**DOCUMENT # L02000032696**

1. Entity Name

**ALPHA SUBS, L.L.C.**



Principal Place of Business

Mailing Address

**4280 GALT OCEAN MILE, STE. 21D  
FT LAUDERDALE FL 33308**

**4280 GALT OCEAN MILE, STE. 21D  
FT LAUDERDALE FL 33308**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**1331 S.E. 17TH STREET**

**4280 GALT OCEAN MILE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SOUTHPORT CENTER**

**SUITE # 21D**

City & State

City & State

**FORT LAUDERDALE FL**

**FORT LAUDERDALE FL**

Zip

Country

**33316**

**BROWARD**

Zip

Country

**33308**

**BROWARD**

4. FEI Number

**55-0824313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SADER, ROBERT L  
1901 WEST CYPRESS CREEK RD., STE. 415  
FT LAUDERDALE FL 33309**

Name

**APRIL E. W. MILNER**

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

**4280 GALT OCEAN MILE #21D**

City

**FORT LAUDERDALE**

FL

Zip Code

**33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT-MANAGING MEMBER**  
NAME **APRIL E. W. MILNER**  
STREET ADDRESS **4280 GALT OCEAN MILE #21D**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **PRESIDENT-MANAGING MBR** ☐ Change ☒ Addition  
NAME **APRIL E. W. MILNER**  
STREET ADDRESS **4280 GALT OCEAN MILE #21D**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**AUGUST 09, 2003**  
**(214) 929-7295**

CR2E083 (4/03)

Attachment

08-09-03

UNIFORM BUSINESS REPORT : 90150049

#102000032696

Due to the renovations at the  
East Ocean Wile address and a  
personal move of residence, I  
did not receive this form  
until last week. Please  
accept this filing and my  
check for \$50.00 on behalf of  
Alpha Sub LLC, D/B/A Jimmy's  
Sub Shop at 1331 S.E. 17th Street,  
Fort Lauderdale FL 33316.

~~Please call me at 214/929-7295~~  
or 954/567-9176 if you have any  
questions or if you require any  
additional information.

Thank-you  
