

2002 UNIFORM BUSINESS REPORT (UBR)

04-10-2002 90465 018 ***150.00

FILED 23208
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 30 PM 4:01

DOCUMENT # **L23208**

1. Entity Name
SUBS & STUFF, INC.

Principal Place of Business
**13081 N. KENDALL DRIVE
MIAMI FL 33186**

Mailing Address
**13081 N. KENDALL DRIVE
MIAMI FL 33186**

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 **65-0166205**

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

**BONILLA, ROSALINA H
14372 SW 101 TERRACE
MIAMI FL 33186**

Name

Renier Toledo

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

14735 SW 168 Terrace


City

Miami

FL

Zip Code
33187

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, 2002 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 **BONILLA, ROSALINA**
STREET ADDRESS **13081 NORTH KENDALL DRIVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **President** ☒ Change ☐ Addition
NAME **Renier Toledo**
STREET ADDRESS **14735 SW 168 Terrace**
CITY-ST-ZIP **Miami, Florida 33187**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

3/28/02

Daytime Phone #

CR2E034 (9/01)