

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # 123208	
1. Entity Name	
SUBS & STUFF INC	L 23208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13081 N. KENDALL DR		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME	
City & State MIAMI, FL		City & State SAME	
Zip 33186	Country USA	Zip 33186	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0166205		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name TOLEDO, RENIER		
	Street Address (P.O. Box Number is Not Acceptable) 13081 N KENDALL DR		
		City MIAMI	FL Zip Code 33186

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 _____ **4/14/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RENIER TOLEDO 13081 N KENDALL DR MIAMI FL 33187	TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000117530 04/19/04-80023-012 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REINER TOLEDO PRESIDENT** **4/14/2004** **305-382-0099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #