

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40983

1. Entity Name

DADE CITY SUBWAY INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90035 033 ***150.00

Principal Place of Business

Mailing Address

C/O FRANK MARINARO
12301 HWY. 301 SOUTH. SUBWAY
DADE CITY FL 33525
US

37814 TIFFANY ROAD
~~12301 HWY. 301 SOUTH. SUBWAY~~
DADE CITY FL 33525-1883
US

2. Principal Place of Business

3. Mailing Address

37814 TIFFANY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DADE CITY, FLORIDA

Zip

Country

Zip

Country

33525

U.S.A.

4. FEI Number

65-0176246

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

MARINARO, FRANK
37814 TIFFANY RD
DADE CITY FL 33525

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, 2000 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 MARINARO, FRANK
STREET ADDRESS 37814 TIFFANY RD
CITY-ST-ZIP DADE CITY FL

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

TITLE VD ☐ Delete
NAME MARINARO, MARY LOU
STREET ADDRESS 37814 TIFFANY RD
CITY-ST-ZIP DADE CITY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

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:

Frank Marinaro PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00 (352)-524-3314
Daytime Phone #

CR2E034 (9/99)