

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90160 011 ***158.75

AL053040



DO NOT WRITE IN THIS SPACE

DOCUMENT # L96089

1. Entity Name
MIAMI SUBS CORPORATION

Principal Place of Business

**6300 NW 31ST AVE
 FT. LAUDERDALE FL 33309**

Mailing Address

**6300 NW 31ST AVE
 FT. LAUDERDALE FL 33309-1633**

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 **65-0249329**

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

**B&C CORPORATE SERVICES, INC.
 201 SOUTH BISCAYNE BLVD.
 SUITE 3000
 MIAMI FL 33309**

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 ☐ Delete
 NAME **D LORBER, HOWARD**
 STREET ADDRESS **% 1400 OLD COUNTRY ROAD, WEST, SUITE 400**
 CITY-ST-ZIP **WESTBURY NY 11590**

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

TITLE ☐ Delete
 NAME **D NORBITZ, WAYNE**
 STREET ADDRESS **% 1400 OLD COUNTRY ROAD, WEST, SUITE 400**
 CITY-ST-ZIP **WESTBURY NY 11590**

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

TITLE ☐ Delete
 NAME **D PALEY, CARL**
 STREET ADDRESS **% 1400 OLD COUNTRY ROAD, WEST, SUITE 400**
 CITY-ST-ZIP **WESTBURY NY 11590**

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

TITLE ☐ Delete
 NAME **D DEVOS, RONALD**
 STREET ADDRESS **% 1400 OLD COUNTRY ROAD, WEST, SUITE 400**
 CITY-ST-ZIP **WESTBURY NY 11590**

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

TITLE ☐ Delete
 NAME **D PERLYN, DONALD**
 STREET ADDRESS **%6300 N.W. 31ST AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perlyn, Donald

4/28/00

Date

954-973-0800

Daytime Phone #

CR2E034 (9/99)