

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M54250

1. Entity Name

SUBWAY MANAGEMENT CORPORATION OF TAMPA, INC.

Principal Place of Business

5213 E. FOWLER AVE
TEMPLE TERRACE FL 33510-2202

Mailing Address

P.O. BOX 290766
TAMPA FL 33687
US

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 59-2838056

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

KHAN, MASOOD K.
4815 E BUSCH BLVD
TAMPA FL 33617

Name

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

4809 E Busch St 202

City Tampa

FL

Zip Code 33617

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, 2001 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

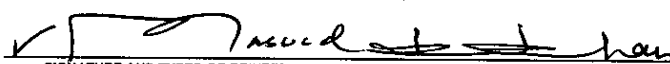
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, MASOOD K 4815 E BUSCH BLVD TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, NANCY C. 4815 E BUSCH BLVD TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4809 E Busch St 202 Tampa, FL 33617
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

4/27/01 (813) 985-7899

Date

Daytime Phone #

C0063284



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)