2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M54698

1. Entity Name

SUBWAY PARTNERS, INC.

FILED Feb 28, 2001 8:00 am Secretary of State

GODWAT TAITINENO, INC.			02-28-2001	90133 048 ***	150.00
Principal Place of Business 1000 SAMPLE RD: POMPANO BCH. FL 33084 US 1724 W. (Hillsboro Bl) Deerfield Beach . I	Mailing Address C/O JOHN L. GIORGI 2415-NW 907H ST	724 W. Hills Descfield B	boro each, FL 33442		
Deerfield Beach . I	-L 33442	1	1 18848811 181 31111 81018 0840 18191 1	11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:11: 1:1	! 8 8 8 9 9
2. Principal Place of Business	3. Mailing Address	1//			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	V	DO NOT WRITE	E IN THIS SPACE	
City & State	City & State		4. FEI Number 65-0021729		Applied For Not Applicable
Zip Country	Zip	Broward	5. Certificate of Status Desired	□ \$8.75 A	
6. Name and Address of Cu	rrent Registered Agent	+1 BW WI U-	7. Name and Address of New Re		ieu
GIORGI, JOHN L. 172	y W. Hillman	Name Name			
2415 NW 30TH ST	24 W. Hillsboro l erfield Blach, F	Street Address	(P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431 De	ertield Blach, t	L			
	3344			Zip Co	ode
8. The above named entity submits this statem	nent for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Flor		
SIGNATURE A.G.	JOHN L. G	iorei	1-6-	2001	
Signature, typed or printed name of registere		E: Rogistered Agent signature require	ed when reinstating)	DATE	
 This corporation is eligible to satisfy its Inta Tax filing requirement and elects to do so. (See criteria on back) 	After MAY 1, 20	!! FEE IS \$150.00 01 Fee will be \$550.00 le to Department of St	I BUST FUNG CONTRIBUTION	, σ μη φο	.00 May Be ded to Fees
	AND DIRECTORS	12,	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 11
TITLE D NAME GIORGI, JOHN L. STREET ADDRESS 2415 NW 30TH ST	Delete 124 W. Hillsbon B	TITLE NAME STREET ADDRESS		Change	e 🔲 Addition
CITY-ST-ZIP BOCA RATON FL De	ertiple Beach, FL	City-St-ZIP			
	10097 Cleary B.	TITLE LAME STE SO STREET ADDRESS	5	Penange	e 🗌 Addition
CITY-ST-ZIP PLANTATION FL 33317	Plantation, FL.	CITY-ST-ZIP	7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	33324 🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	e 🔲 Addition
TITLE NAME STREET ADDRESS	☐ Deteie	TITLE NAME STREET ADDRESS		☐ Chang	e 🔲 Addition
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	je 🔲 Addition
13. I hereby certify that the information supplication indicated on this report or supplemental report of the corporation or the receiver or truste changed, or on an attachment with an additional control of the corporation or the receiver or truster changed.	eport is true and accurate and that r e empowered to execute this report dress, with all other like empowered	r the exemption stated in S my signature shall have the as required by Chapter 6	e same legal effect as if made under o 07, Florida Statutes; and that my name	bath; that I am an office appears in Block 11	cer or director 1 or Block 12 if
SIGNATURE: SIGNATURE AND TY	PED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	10R61 1-6-20	50/ 789-8 Daytime Phone	5989