

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90511 022 \*\*\*150.00

030739

**DOCUMENT # P00000052166**

1. Entity Name

**SUBWAY 4034, INC.**

Principal Place of Business

**508 E BOYNTON BEACH BLVD  
 BOYNTON BEACH FL 33435**

Mailing Address

**508 E BOYNTON BEACH BLVD  
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

**4160 SW 149<sup>TH</sup> TER.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIRAMAR, FL**

4. FEI Number

**65-1013 466**

Applied For

Not Applicable

Zip

Country

Zip

**33027**

Country

**BROWARD**

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

**MOSKOVITZ, DANIEL  
 48 E FLAGLER ST, PH 104  
 MIAMI FL 33131**

Name

**MARVIN SAGER**

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

**4160 SW 149<sup>TH</sup> TER.**

City

**MIRAMAR**

**FL**

Zip Code

**33027**

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 **MARVIN SAGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-9-01**

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 ☐ Delete  
 NAME **D**  
**SAGER, STEVEN**  
 STREET ADDRESS **508 E BOYNTON BEACH BLVD**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
**SAGER, MARVIN**  
 STREET ADDRESS **4160 SW 149<sup>TH</sup> TER.**  
 CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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 information.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven Sager**

Date

Daytime Phone #

CR2E034 (10/00)