## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P00000052166 1. Entity Name SUBWAY 4034, INC. 05-14-2002 90038 027 \*\*\*150.00 Principal Place of Business Mailing Address 508 E BOYNTON BEACH BLVD 4160 SW 149TH TERRACE **BOYNTON BEACH FL 33435** MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address MARUIN SAGER-SUBWAY 4034 INC Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4160=Sw=l4:9=TEA City & State City & State 4. FEI Number Applied For 65-1013466 MIRAMAR, F Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAGER, MARVIN Street Address (P.O. Box Number is Not Acceptable) 4160 SW 149TH TERRACE MIRAMAR FL 33027 City Zip Code FL 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 \_ Simulature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will the \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME SAGER, STEVEN NAME STREET ADDRESS 508 E BOYNTON BEACH BLVD STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SAGER, MARVIN NAME STREET ADDRES 4160:SW-149TH-TERRACE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

MARVIN SAGER

changed, or on an attachment with an address, with all other like empowered.

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

**FILED**