

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90191 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

90089390

DOCUMENT # P00000115394			
1. Entity Name HURRICANE SUBWAY, INC.			
Principal Place of Business 2863 SW 13TH DR. DEERFIELD BEACH, FL 33442		Mailing Address 2863 SW 13TH DR. DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 1552 S. Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 1552 S. Dixie Hwy Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33146		Zip 33146	
Country		Country	
4. FEI Number 65-1080165		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent MOTEN, ANWAR 2863 SW 13TH DR. DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTEN, ANWAR 2863 SW 13TH DR. DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKALI, MOHAMMED SALIM 2863 SW 13TH DR. DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABID, ABDOUL A 10164 NW 31ST CT. SUNRISE, FL 33361 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYSOREWALA, IDRIS 2863 SW 13TH DR. DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYSOREWALA, ANWER 2863 SW 13TH DR. DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHANIWALA, WAHID 13036 NW 14TH ST. PEMBROKE PINES, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	