

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90064 032 \*\*\*150.00

**DOCUMENT # P01000028899**

1. Entity Name

**SUBWAY FRANCHISE NUMBER 18243, CORP.**

Principal Place of Business

**19390 COLLINS AVENUE #1622**

**SUNNY ISLES BEACH FL 33160**

Mailing Address

**19390 COLLINS AVENUE #1622**

**SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business

**1311 MILLER DR.**

3. Mailing Address

**436 S.W. 15th RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CORAL GABLES, FL**

City & State

**MIAMI, FL**

Zip

Country

**33146 U.S.A.**

Zip

Country

**33129 U.S.A.**

4. FEI Number

**65-1084654**

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

**MONIOUDIS, PERRY D ESQ.**

**315 S.E. 7TH STREET**

**SECOND FLOOR**

**FORT LAUDERDALE FL 33301**

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.

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, 2002 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**  
STREET ADDRESS **BUCK, DENNIS M**  
CITY-ST-ZIP **19390 COLLINS AVENUE #1622**  
**SUNNY ISLES BEACH FL 33160**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **BUCK, DENNIS M.**  
CITY-ST-ZIP **436 S.W. 15th RD.**  
**MIAMI, FL 33129**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/02**

Date

**305-284-6492**

Daytime Phone #

CR2E034 (9/01)