## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 29, 2002 8:00 am Secretary of State P01000050867 **DOCUMENT #** 1. Entity Name 02-07-2002 90268 001 \*\*\*300 00 SUBWAY PLAZA, INC. Principal Place of Business Mailing Address 10563 TAMIAMI TRAIL NORTH 10583 TAMIAMI TRAIL NORTH NAPLES FL 34108 NAPLES FL 34109 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent Name PATEL, SUNALI Street Address (P.O. Box Number is Not Acceptable) 10583 TAMIAMI TRAIL NORTH NAPLES FL 34108 City 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. (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 \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fed (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE JOE CANDETO CR2E034 (9/01 PATEL, SUNALI NAME NAME 2626-ETAMIANT 10563 TAMIAMI TRAIL NORTH STREET ADDRESS STREET ADDRESS NAPLES CITY-ST-ZIP NAPLES FL 34108 CITY-ST-7IP DIRECTOR. ☐ Change 🔊 Addition ☐ Delete TITLE NAME JOE CANDITO NAME STREET ADDRESS STREET ADDRESS 2626-2 TAMIAMITE N. CITY-ST-ZIP CITY-ST-ZIP TIFLE ~ Change ☐ Addition Deleter NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Efurther 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 of the latter like empowered. SIGNATURE:

FILED