

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050867

1. Entity Name
SUBWAY PLAZA, INC.



Principal Place of Business
10563 TAMIAH TRAIL NORTH
NAPLES FL 34108

Mailing Address
10563 TAMIAH TRAIL NORTH
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3725280

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SUNALI
10563 TAMIAH TRAIL NORTH
NAPLES FL 34108

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 signature required when reinstating)

1/5/03
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

TITLE	D	DELETE
NAME	PATEL, SUNALI	
STREET ADDRESS	10563 TAMIAH TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	DELETE
NAME	CANDID, JOE	
STREET ADDRESS	2626 2 TAMIAH TR N.	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	CHANGE	ADDITION
NAME	PATEL, SUNALI		
STREET ADDRESS	1647 MANCHESTER CT		
CITY-ST-ZIP	NAPLES, FL 34109		
TITLE	D	CHANGE	ADDITION
NAME	PATEL AJAY PATEL		
STREET ADDRESS	1647 MANCHESTER CT		
CITY-ST-ZIP	NAPLES FL 34109		
TITLE		CHANGE	ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Patel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/03
Date

239 269 0126
Daytime Phone