

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90424 001 ***150.00

DOCUMENT # P01000064745 1. Entity Name SUBWAY 5998, INC.					
Principal Place of Business 10530 SW 88TH ST. MIAMI, FL			Mailing Address 5008 NW 113TH AVENUE CORAL SPRINGS, FL 33076		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1126396	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROY, DAVID R ESQ DAVID R. ROY, P.A. 4209 N. FEDERAL HWY. POMPAÑO BEACH, FL 33064				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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 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	P MYSOREWALA, IDRIS 10164 NW 31ST ST. SUNRISE, FL 33351	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GHANIWALA, WAHID 13036 NW 14TH ST. PEMBROKE PINES, FL 33028	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOTEN, ANWAR 5008 NW 113TH AVENUE CORAL SPRINGS, FL 33076	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABID, ABDUL A 10164 NW 31ST CT. SUNRISE, FL 33351	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARIM, MOHAMMED H 10530 SW 88TH ST. MIAMI, FL 33351	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJID, SHAFI 10530 SW 88TH ST. MIAMI, FL 33351	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					