FILED Mar 03, 2003 8:00 am Secretary of State

Caytima Phone #

2003 FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064745 1. Entity Name SUBWAY 5998, INC.									03-03-20	03 90908	029 ***	150.00	
Principal Place of Business 10530 SW 88TH ST. MIANI, FL				Mailing Address 10164 NW 31ST ST. SUNRISE, FL 33351									
2. Principal f	Place of Busine	500	3. Mailing Address 5008 NW 113th Avenue Suite, Apt. #, etc.										
City & Sta			City & State				4 5	CHECK HERE	IF MAKING		oplied For	7	
Zip Country			Cor	Coral Springs, FL				65-1126396 Not A			ot Applicable	_	
Σιμ			330)76 US		ISA		5. Certificate of Status Desired S8.75 Additional Fee Required]_
ROY, DAVI		and Address of (current Registere	d Agent		Name		7. Na	ame and Address of New	Registered #	igent	<u>.</u>	+
DAVÍD R. F 4209 N. FE			Street Address			ddress (F	P.O. Box Number is Not Acceptable)						
						City				FL	Zip Cod		1
The above the obligat	named entity	submits this state red agent.	ment for the purpo	ose of changing its	register	ed office o	r registere	ed age	nt, or both, in the State of F	korida. I am f	amiliar with,	and accept	1
SIGNATURE	Signature, typed 0	i primed name of migra	nad signat and till is appli	caldo, (NOT	E: Rogistare	ki Agentaiynat	ne ednjeg	whan rain	\$lating)	CATE			
Affe Make Check	FILE NOW! TWBY 1 200 Payable to	i *FEE IS \$ 150 3 Fee will be \$5 Florida Bepard	00 56/00 ment of State		<u> </u>		•		Election Campaign Fi Trust Fund Contribution			O May Be	
10.	T	OFFICER	S AND DIRECTOR		11.		· · · · · · · · · · · · · · · · · · ·	ADD	ITIONS/CHANGES TO OF	FICERS AND			┤.
NAME STREET ADDRESS CITY-ST-ZP	P MYSOREW 10164 NW: SUNRISE, I			☐ Delete							Change	☐ Addition	10.0
TITLE NAME	V GHANIWAL	.A, WAHID		☐ Delete	TOL	E					☐ Change	☐ Addition	1500
STREET ADDRESS CITY-ST-2IP	13036 NW	14TH ST. E _: PINES, FL. 3:	3028		2	£1 address '-st-zip	-						
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STREET ADDRESS City-St-2P	2863 SW 13	STH DRIVE DBEACH, FL 3	33442		2	ET ADDRESS -ST-21P			113th Avenue prings, FL 33	076			
TITLE NAME	S ABID, ABD	UL A		☐ Delete	TITLE		,				☐ Change	Addition	1
STREET ADDRESS CITY-ST-ZP	10164 NW : SUNRISE, I	31ST CT.			STRE	ET ADDRESS -ST-ZIP	ļ. !						
TITLE NAME	D KARIM MO	HAMMED H		☐ Delete	TITLE					·	Change	☐ Addition	
STREET ADDRESS CITY-ST-2P	10530 SW 6	88TH ST.			STRE	ET ADDRESS -ST-21P							
Trile Name	D MAJID, SHA			☐ Delete	TITLE	E					☐ Change	Addition	1
STREET ADDRESS CITY-ST-ZIP	10530 SW 8	BETH ST.			STRE	ET ADDRESS -ST-ZIP			· ·		·		
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.													
SIGNAT	UKE: _	SIGNATURE AND TY	PED OR PRINTED NAME	OF SIGNING OFFICER	OR DIRECT	OR		_	Ome	Can	sime Phone #		