

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90129 044 ***150.00

DOCUMENT # P01000068495

1. Entity Name

ADAM'S SUBS & SALADS, INC.

Principal Place of Business

**C/O HARRY WINDERMAN, ESQ., 2255 GLADES ROAD
 218-A
 BOCA RATON FL 33431**

Mailing Address

**C/O HARRY WINDERMAN, ESQ., 2255 GLADES ROAD
 218-A
 BOCA RATON FL 33431**

2. Principal Place of Business

Adam's Subs & Salads

3. Mailing Address

1280 S. Powerline Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Bch FL

4. FEI Number

65-1125148

Applied For

Not Applicable

Zip

Country

Zip

Country

33069 USA

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

**HARRY, WINDERMAN
 2255 GLADES ROAD
 218-A
 BOCA RATON FL 33431**

Name **Adam Siegel**

Street Address (P.O. Box Number is Not Acceptable)

1280 S. Powerline Rd #8

City

Pompano Bch

FL

Zip Code

33069

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

2-20-02

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 **PD** ☐ Delete
 NAME **SIEGEL, ADAM**
 STREET ADDRESS **2255 GLADES ROAD, SUITE 218-A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Siegel, Adam**
 STREET ADDRESS **1280 S. Powerline Rd #8**
 CITY-ST-ZIP **Pompano Bch FL 33069**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

954-969-0231

Daytime Phone #

CR2E034 (9/01)