

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90171 040 ***150.00

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DOCUMENT # P02000092350

1. Entity Name
SUBWAY #1969, INC.



Principal Place of Business
**2870 NORTHWEST 112TH AVENUE
CORAL SPRINGS FL 33065-3544**

Mailing Address
**2870 NORTHWEST 112TH AVENUE
CORAL SPRINGS FL 33065-3544**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FFI Number

57-0422208

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **ANTHONY ESPOSITO**
Street Address (P.O. Box Number is Not Acceptable) **2870 NW 112th Ave**
Coral Springs
City **FL** Zip Code **33065**

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 or officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

Anthony Esposito President

4-12-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **ESPOSITO, ANTHONY**
STREET ADDRESS **2870 NORTHWEST 112TH AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065-3544**

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

TITLE **VD** ☐ Delete
NAME **ESPOSITO, MICHAEL**
STREET ADDRESS **2870 NORTHWEST 112TH AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065-3544**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Esposito President

Date

Daytime Phone #

4/12/03 164-752-0915

CR2E034 (10/02)