

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

03-29-2004 90404 036 ***150.00

DOCUMENT # P03000061659

1. Entity Name

SUBWAY 31274, INC.



Principal Place of Business

**508 EAST BOYNTON BEACH BLVD
BOYNTON BEACH FL 33435**

Mailing Address

**508 EAST BOYNTON BEACH BLVD
BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

MARVIN SAGER SUBWAY 31274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4160 SW 149 TERRACE

City & State

City & State

MIRAMAR, FL.

Zip

Country

Zip

Country

33027

USA

4. FEI Number

51-0469617

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSKOVITZ, DANIEL ESQ
48 EAST FLAGLER STREET PH-104
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

MARVIN SAGER

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

4160 SW 149 TERRACE

City **MIRAMAR**

FL

Zip Code

33027

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

MARVIN SAGER, DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate(s))

3-26-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004, Fee will be \$350.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SAGER, STEVEN
STREET ADDRESS 508 EAST BOYNTON BEACH BLVD
CITY- ST- ZIP BOYNTON BEACH FL 33435

☐ Delete

TITLE
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.
NAME SAGER, MARVIN
STREET ADDRESS 4160 SW 149 TERRACE
CITY- ST- ZIP MIRAMAR, FL. 33027

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

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:

MARVIN SAGER

MARVIN SAGER

3-26-04

Date

(954) 433-4885

Daytime Phone #