## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE: CHARL

address, with all other like empowered.

SERABIAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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## Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P94000030730** SUBWAY 15043, INC. 04-17-2000 90140 013 \*\*\*150.00 Principal Place of Business Mailing Address 7540 NW 5 ST 1 POMPANO SQUARE STE #1 BAY #5 PLANTATION FL 33317-1615 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0484700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMBERTUS, ARTHUR W Street Address (P.O. Box Number is Not Acceptable) 2929 EAST COMMERCIAL BLVD. SUITE 604 FORT LAUDERDALE FL 33308 Zip Code City FL 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) After MAY 1, 2000 Fee will be \$550.00 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. Added to Fees \$5.00 May Be. Tax filling requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 12. MANUEL AND DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/4/4 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GIORGI, JOHN L NAME NAME STREET ADDRESS 2415 N.W. 30TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition TITLE ☐ Delete TITLE SERABIAN, CHARLES B NAME NAME 7540 NW 5 ST STE#1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

9545815544

Daytime Phone #

J-J0-2000

Date