2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 22, 2001 8:00 am DOCUMENT # P94000030730 **Secretary of State** SUBWAY 15043, INC. 02-22-2001 90127 006 ***150.00 Principal Place of Business Mailing Address 1 POMPANO SQUARE 794Q NW 5 ST BAY #5 140045 PLANTATION FL 33317 POMPANO BEACH FL 33062 3. Mailing Address 2. Principal Place of Business Cleary Blus Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #505 y & State aw TA Tion Applied For City & State 4. FEI Number 65-0484700 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Binoware Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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 10. Election Campaign Financing Trust Fund Contribution DATE \$5.00 May Be Added to Fees Signature, typed or printed name of registered agent and title if applicable... (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 水Tax filing requirement and elects to do so語 - 場合と After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE □ Delete TITLE 10097 ClCaxy Blow #505 PlantaTion 1=1, 33324 Phange □ Addition GIORGI, JOHN L NAME NAME STREET ADDRESS STREET ADDRESS 2415-N.W. 30TH ST. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Delete TITLE NAME NAME SERABIAN, CHARLES B 10097 Cleary 13100. #505 STREET ADDRESS STREET ADDRESS 7540 NW 5 ST STE#1 Plantation Fl. 33324 CITY-ST-ZIP CITY-ST-7IP PLANTATION FL-93317 TITLE Delete - * ---TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 suppremental 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 of 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.

CHANLES 12. SERDIJIAN 1-11-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR