2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P94000079200** 1. Entity Name SUBWAY SUNSHINE, INC. 04-17-2000 90146 027 ***150.00 Mailing Address Principal Place of Business 2415 N.W. 30TH ST. 512 SE 15 AVENUE 00063974BOCA RATON FL 33431-6210 **BOYNTON BEACH FL 33435** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0535007 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution (44 (1) Added to F 112:2位於定义(第二) 確認的ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN はたい 主义的是是一个企业的主义的,是是一个是一个企业的,是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的,但是一个企业的。 ☐ Change TITLE □ Delete NAME NAME GIORGI, JOHN L STREET ADDRESS STREET ADDRESS 2415 N.W. 30TH ST. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Detete TITLE TITLE NAME SERABIAN, CHARLES B STREET ADDRESS STREET ADDRESS 7450 NW 5 ST CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 signate state of the corporation or the receiver or trustee empowered to execute this report as required as chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if

JOHN L. GIORGI

2415 N.W. 30th-ST.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR