

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90142 032 ***150.00

DOCUMENT # P95000017556

1. Entity Name

SUCCESSFUL SUB RESTAURANTS, INC.

Principal Place of Business

Mailing Address

% ATLAS, PEARLMAN, TROP & BORKSON, P.A.
 200 EAST LAS OLAS BLVD. SUITE 1900
 FT. LAUDERDALE FL 33301

% ATLAS, PEARLMAN, TROP & BORKSON, P.A.
 200 EAST LAS OLAS BLVD. SUITE 1900
 FT. LAUDERDALE FL 33301-2248

2. Principal Place of Business

c/o Atlas Pearlman et al

3. Mailing Address

350 E. Las Olas Blvd.,

Suite, Apt. #, etc.

Suite 1700

Suite, Apt. #, etc.

Suite 1700

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

65-0567021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORKSON, ELLIOT P
 % ATLAS, PEARLMAN, TROP & BORKSON, P.A.
 200 EAST LAS OLAS BLVD, SUITE 1900
 FT. LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)
 350 E. Las Olas Blvd., #1700

City

Ft. Lauderdale

FL

Zip Code
 33301

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

Elliot P Borkson

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

(NOTE: Registered Agent signature required when reinstating)

1/24/2000
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
 NAME BORKSON, ELLIOT P
 STREET ADDRESS 200 E LAS OLAS BLVD #1900
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE PSTD ☒ Change ☐ Addition
 NAME Borkson, Elliot
 STREET ADDRESS 350 E. Las Olas Blvd., #1700
 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE V ☐ Delete
 NAME BORKSON, MINDY
 STREET ADDRESS 200 E LAS OLAS BLVD., #1900
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE V ☒ Change ☐ Addition
 NAME Borkson, Mindy
 STREET ADDRESS 350 E. Las Olas Blvd., #1700
 CITY-ST-ZIP Ft. Lauderdale, FL 33301 ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elliot P Borkson
 President

Date

1/20/2000

Daytime Phone

954-766
 7801

CR2E034 (9/99)