## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 22, 2001 8:00 am DOCUMENT # **P95000019244 Secretary of State** 1. Entity Name SUBWAY ASSOCIATES, INC. 02-22-2001 90125 006 \*\*\*150.00 Principal Place of Business Mailing Address 2491 H OKEECHOBEE BLVD 2415 N.W. 90TH-6T-WEST PALM EBAHC FL 33409 BOCA RATON FL 98431 2. Principal Place of Business 3. Mailing Address Hillsborg Bhid. 724 W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0572509 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAMBERTUS, ARTHUR W Street Address (P.O. Box Number is Not Acceptable) 2929 EAST COMMERCIAL BLVD. SUITE 604 FORT LAUDERDALE FL 33308 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May, Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 15.1 Trust Fund Contribution: Added to Fees (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete 1724 W. Hillsboro BNd. GIORGI, JOHN L NAME 2415 N.W. 80TH ST. STREET ADDRESS STREET ADDRESS Deerfield Black, FL 33442 10097 Cleary Blud., Ste. 505 Plantation, FL 33324 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE ☐ Delete TITLE SERABIAN, CHARLES B NAME NAME STREET ADDRESS 7450 NW 5TH 9T. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 TITLE -- Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

1 L. 610R61 1-6-2001