

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000037673**

1. Entity Name

SUBWAY 1030, INC.

Principal Place of Business

16395 NW 67 AVE
MIAMI FL 33014
US

Mailing Address

11590 S.W. 94TH AVENUE
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

65-0582965

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONIoudis, Perry D
235 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

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, 2002 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

TITLE D
NAME JOHNSON, TIMOTHY E
STREET ADDRESS 11590 S.W. 94TH AVE.
CITY-ST-ZIP MIAMI FL 33176

Delete

TITLE V
NAME JOHNSON, JOY
STREET ADDRESS 11590 SW 94TH AVENUE
CITY-ST-ZIP MIAMI FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

X *Timothy Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90061 026 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

2/29/02

Date

Daytime Phone #