2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report of supplemental rep of the corporation or the receiver or truspee

changed, or on an attachment wi

SIGNATURE:

ort is true

er like empowered.

SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P95000089496** Apr 27, 2000 8:00 am Secretary of State C & C SUBWAY, INC. 04-27-2000 90033 017 ***150.00 Mailing Address Principal Place of Business 4964 COCONUT CREEK PKWY 4964 COCONUT CREEK PKWY COCONUT CREEK FL 33063 COCONUT CREEK FL 33063-3910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0636048 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHUNG, CHARLES Street Address (P.O. Box Number is Not Acceptable) 7400 SW 19TH STREET PLANTATION FL 33317 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition TITLE □ Delete CHUNG, CHARLES NAME NAME STREET ADDRESS 7400 SW 19TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NÂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ČITY-ST-ZIP CITY-ST, ZIP, Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if prade under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 11 or Block 12 in 13. I hereby certify that the information pplied with this filling ider oath; that I am an officer or director hame appears in Block 11 or Block 12 if