

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012559

1. Entity Name

FLIGHTLINE SUBS & DELI, INC.

NC

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90199 042 \*\*\*150.00

Principal Place of Business

Mailing Address

28600 SW 132 AVE  
B67  
HOMESTEAD FL 33033  
US

P.O. BOX 322044  
HOMESTEAD FL 33032-1344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0643264

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARDINELL, DEBORAH C  
28600 SW 132ND AVENUE STE 240  
B67  
HOMESTEAD FL 33033

Name  
CARDINELL, DEBORAH C.

Street Address (P.O. Box Number is Not Acceptable)  
28600 SW 132nd Avenue, B-67

Homestead, FL 33033

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 Deborah C. Cardinell Deborah C. Cardinell, Pres./Paralegal 03/10/2000

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, 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 PT ☐ Delete  
NAME CARDINIELL, DEBORAH C  
STREET ADDRESS 28600 SW 132 AVENUE., B-67  
CITY-ST-ZIP HOMESTEAD FL 33033

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: Deborah C. Cardinell Deborah C. Cardinell 03/10/2000 305/246-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #