

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

997000075183

1. Entity Name

Subway 1515 INC OF Broward

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90009 042 ***150.00

2. Principal Place of Business

Mailing Address

3364 S. UNIVERSITY DR
PINEHURST FL 3354

00071308

3. Principal Place of Business

Mailing Address

State, Apt # etc

State, Apt # etc

City & State

City & State

4. FEI Number

Applied For

65-07P 1499

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

ABDUL JAWAID
801 SW 96th Ave
PINEHURST FL 3354

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 the filer.

(NOTE: Registered Agent and filer are required to sign this statement.)

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, 2001 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

NAME	ABDUL JAWAID	☐ Delete
STREET ADDRESS	801 SW 96th Ave	
CITY, STATE, ZIP	PINEHURST FL 3354	
NAME		☐ Delete
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Delete
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Delete
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Delete
STREET ADDRESS		
CITY, STATE, ZIP		

NAME		☐ Change ☐ Add
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Add
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Add
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Add
STREET ADDRESS		
CITY, STATE, ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, and that the information furnished 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. I am the registered agent or 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 or on an attachment with an address, without other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/01