

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90114 047 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000050578

1. Corporation Name

MIAMI LAKES SUBWAY ENTERPRISES INC.

Principal Place of Business

17001 NE 6 AVE  
NORTH MIAMI BEACH FL 33162

Mailing Address

17001 NE 6 AVE  
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/04/1998

4. FEI Number

65084 4274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KARIM, OVEZ  
 15661 NW 12 PLACE  
 PEMBROKE PINES FL 33028

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME RASHEED, OVEZ R  
 STREET ADDRESS 15661 NW 12 PLACE  
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE VD ☐ DELETE

NAME SATTAR, ABDUL Q  
 STREET ADDRESS 15661 NW 12 PLACE  
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE VD ☐ DELETE

NAME RIAZ, MOHAMMED  
 STREET ADDRESS 15661 NW 12 PLACE  
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE SD ☐ DELETE

NAME IQBAL, MOHAMMED S  
 STREET ADDRESS 15661 NW 12 PLACE  
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME RASHEED MAROOF

1.3 STREET ADDRESS 9490 PMA CIRCLE SOUTH

1.4 CITY-ST-ZIP PEMBROKE PINES FL 33028

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RASHEED MAROOF

3/9/99

Daytime Phone #

CR2E034 (1/1/98)