

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90158 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10075684

DOCUMENT # P98000050578			
1. Entity Name MIAMI LAKES SUBWAY ENTERPRISES INC.			
Principal Place of Business 15416 NW 7TH CT NORTH MIAMI BEACH, FL 33162			
Mailing Address 17001 NE 6 AVE NORTH MIAMI BEACH, FL 33162			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent KARIM, OVEZ 15661 NW 12 PLACE PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEB 15, \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	RASHEED, MAROOF	NAME	
STREET ADDRESS	9490 PORN CIRCLE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	SATTAR, ABDUL Q	NAME	
STREET ADDRESS	15661 NW 12 PLACE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	RIAZ, MOHAMMED	NAME	
STREET ADDRESS	15661 NW 12 PLACE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	IQBAL, MOHAMMED S	NAME	
STREET ADDRESS	15661 NW 12 PLACE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	OVEZ, KARIM	NAME	
STREET ADDRESS	15661 NW 12TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other duly empowered.			
SIGNATURE: <i>[Signature]</i>		Date: _____	
Typed or Printed Name of Signing Officer or Director: OVEZ KARIM		Daytime Phone: _____	