

602 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105088

Entity Name

PAK SUBWAY ENTERPRISE, INC.

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90070 035 ***150.00

Principal Place of Business

6890 WEST 12TH AVE
HIALEAH FL 33014

Mailing Address

6890 WEST 12TH AVE
HIALEAH FL 33014

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0884730

Applied For

Not Applicable

Country

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

Name

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

City

FL

Zip Code

ODEL

161 NW 78TH TERR

#1

PEMBROKE PINES FL 33044

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 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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	KARIM, OVEV	
STREET ADDRESS	161 NW 78TH TERR #1	
CITY-ST-ZIP	PEMBROKE PINES FL 33044	
TITLE	P	<input type="checkbox"/> Delete
NAME	RASHEED, MAROOF	
STREET ADDRESS	9490 PALM CIRCLE SOUTH	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABDULL, SATTAN	
STREET ADDRESS	4200 SW 53RD CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IQBAL, MOHAMMAD	
STREET ADDRESS	15661 NW 12TH PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARIM OVEV	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDUL SATTAR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IQBAL MOHAMMAD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* MOHAMMAD SADIQ IQBAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)