

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90042 022 ***150.00

DOCUMENT # P98000105088

1. Entity Name

786 PAK SUBWAY ENTERPRISE, INC.



Principal Place of Business

6890 WEST 12TH AVE
HIALEAH FL 33014

Mailing Address

6890 WEST 12TH AVE
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0884780

Applied For

Not Applicable

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

KARIM, ODEL
161 NW 78TH TERR
#1
PEMBROKE PINES FL 33044

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE VP ☐ Delete

NAME KARIM, OVEZ
STREET ADDRESS 161 NW 78TH TERR #1
CITY-ST-ZIP PEMBROKE PINES FL 33044

TITLE P ☐ Delete

NAME RASHEED, MAROOF
STREET ADDRESS 9490 PALM CIRCLE SOUTH
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE VP ☒ Delete

NAME ABDUL, SATTAR
STREET ADDRESS 4200 SW 53RD CT
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE VP ☐ Delete

NAME IQBAZ, MOHAMMAD
STREET ADDRESS 15661 NW 12TH PLACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Daytime Phone #