

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90153 043 \*\*\*150.00

DOCUMENT # **P99000016845**  
 1. Entity Name  
**DOUBLE J'S SUBS + PIZZA**

Principal Place of Business Mailing Address  
**4475 SHERIDAN ST**  
**HOLLYWOOD FL 33020**

2. Principal Place of Business 3. Mailing Address  
**4475 SHERIDAN ST** **4475 SHERIDAN ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
**HOLLYWOOD FL** **4475 SHERIDAN ST**  
 Zip Country Zip Country  
**33020 BROWARD** **33020 BROWARD**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WILLIAM SAGUMENI**  
**300 OREGON ST**  
**HOLLYWOOD FL 33019**

4. FEI Number **593562052**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.  
 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After MAY 1, 2000 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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM SAGUMENI</b>		NAME		
STREET ADDRESS	<b>300 OREGON ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HWD FL 33019</b>		CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM SAGUMENI</b>		NAME		
STREET ADDRESS	<b>300 OREGON ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HWD FL 33019</b>		CITY-ST-ZIP		
TITLE	<b>SECY-TREASURER</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM SAGUMENI</b>		NAME		
STREET ADDRESS	<b>300 OREGON ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HWD FL 33019</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **William Sagumeni** **President** **954-9637171**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment  
04/09/01 6845 2062  
207558

MOVED TO A NEW STORE ON  
JUNE 1 1999 AND DID NOT  
GET NEW FORM OLD ADDRESS  
WAS 2510 SHERIDAN ST HUD-RI  
NEW ADDRESS IS 4475 SHERIDAN ST  
HOLLYWOOD FL 33020

Thank You  
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