## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P99000023179** May 12, 2000 8:00 am Secretary of State GYPSY'S SUBS-HOUSE, INC. 05-12-2000 90013 020 \*\*\*150.00 Principal Place of Business Mailing Address 9110 SW 137 AVE. 9110 SW 137 AVE. **SUITE #214 SUITE #214** MIAMI FL 33186-1414 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0902655 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HASSAM, DIAMIL Street Address (P.O. Box Number is Not Acceptable) 9110 SW 137 AVE. **SUITE #214** MIAMI FL 33186 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE HASSAM, NIVIAN NAME NAME STREET ADDRESS 9110 SW 137 AVE. SUITE #214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** [ ] Change ■ Addition ☐ Delete TITLE HASSAM, DIAMIL NAME NAME STREET ADDRESS 9110 SW 137 AVE. SUITE #214 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE HASSAM, NIVIAN NAME NAME STREET ADDRESS 9110 SW 137 AVE. SUITE #214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition ☐ Change □ Delete TITLE HASSAM, JANETH NAME NAME STREET ADDRESS 9110 SW 137 AVE. SUITE #214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS

3. I hereby certify that the information supplied with this filing does not chalify 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 accurace 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.

CITY-ST-ZIP

SIGNATURE:

HONOTINE OF SIGNING OFFICER OR DIRECTOR

, 4/28/0

(301) 546 - 8470

Daytime Phone #