## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2001 8:00 am Secretary of State DOCUMENT # **P99000023179** 1. Entity Name GYPSY'S SUBS-HOUSE, INC. 05-14-2001 90053 035 \*\*\*150.00 Principal Place of Business Mailing Address 9110 SW 137 AVE. 9110 SW 137 AVE. **SUITE #214** SUITE #214 MIAMI FL 33186 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 City & State Applied For 4. FEI Number 65-0902655 Not Applicable Zip Country Country \$8.75 Additional 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 City 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** 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HASSAM, NIVIAN NAME STREET ADDRESS STREET ADDRESS 9110 SW 137 AVE. SUITE #214 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33186** ☐ Change ☐ Addition TITLE VPSD ☐ Delete TITLE NAME HASSAM, DIAMIL NAME STREET ADDRESS STREET ADDRESS 9110 SW 137 AVE. SUITE #214 CITY-ST-ZIP CITY\_ST-ZIP **MIAMI FL 33186** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HASSAM, NIVIAN NAME STREET ADDRESS 9110 SW 137 AVE. SUITE #214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HASSAM, JANETH NAME STREET ADDRESS STREET ADDRESS 9110 SW 137 AVE. SUITE #214 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 a curate 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 empowers the secure 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, w

SIGNATURE: