

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062445

1. Entity Name

MONSTA SUBS, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90091 039 ***150.00

Principal Place of Business

Mailing Address

5300 N W 33 AVENUE STE D117
FT LAUDERDALE FL 33309

5300 N W 33 AVENUE STE D117
FT LAUDERDALE FL 33309-6377

2. Principal Place of Business

5743 Margate Blvd

3. Mailing Address

6093 NW 62 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Margate FL

City & State

Portland, FL

4. FEI Number

65-0933605

Applied For

Not Applicable

Zip

33068

Country

Broward

Zip

33067

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERCHAY, ALLAN
5300 N W 33 AVENUE STE D117
FT LAUDERDALE FL 33309

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

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, 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

TITLE **D** ☒ Delete
NAME **HULL, DAVID**
STREET ADDRESS **640 S W 50 TERRACE**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.V.S.T** ☐ Change ☒ Addition
NAME **Jody Frankel**
STREET ADDRESS **6093 NW 62 Terrace**
CITY-ST-ZIP **Portland, FL 33067**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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: **Jody Frankel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/00 9547240500