

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000083892

1. Entity Name
1216 SUBWAY, INC.



Principal Place of Business
2359 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

Mailing Address
2359 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0949242

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAJID, AFZAL
2359 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVPS	<input type="checkbox"/> Delete
NAME	KARIM, MOHAMMED H	
STREET ADDRESS	2359 UNIVERSITY DRIVE	
CITY-STATE-ZIP	CORAL SPRINGS, FL 33065	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	MAJID, AFZAL	
STREET ADDRESS	2359 UNIVERSITY DRIVE	
CITY-STATE-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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04/28/04-80025-024 150.00

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: M. H. Kaen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Date

Daytime Phone #