

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90746 013 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000083914**

1. Entity Name  
**1217 SUBWAY, INC.**



Principal Place of Business  
**8212 WILES ROAD  
CORAL SPRINGS, FL 33067**

Mailing Address  
**8212 WILES ROAD  
CORAL SPRINGS, FL 33067**

2. Principal Place of Business

3. Mailing Address

**767 S. ST. Rd 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 13**

City & State

City & State

**Margate, FL**

Zip

Country

Zip

Country

**33068**

**Broward**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0949237**

Applied For

Not Applicable

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

**KARIM, MOHAMMED H  
8212 WILES ROAD  
CORAL SPRINGS, FL 33067**

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**DPT  
KARIM, MOHAMMED H  
8212 WILES ROAD  
CORAL SPRINGS, FL 33067**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**DVPS  
MAJID, AFZAL  
8212 WILES ROAD  
CORAL SPRINGS, FL 33067**

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

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05a

Daytime Phone #

CR2E034 (10/02)