

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90898 009 ***150.00

DOCUMENT # S27498

1. Entity Name

MIAMI SUBS REAL ESTATE CORP.



Principal Place of Business

**C/O MIAMI SUBS CORPORATION
6300 N.W. 31ST AVE.
FORT LAUDERDALE FL 33309-1633**

Mailing Address

**C/O MIAMI SUBS CORPORATION
6300 N.W. 31ST AVE.
FORT LAUDERDALE FL 33309-1633**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0331686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES
201 SOUTH BISCAYNE BLVD, SUITE 3000
MIAMI FL 33131**

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. 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 reinstating)

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

TITLE **PD** ☐ Delete
NAME **PERLYN, DONAL F**
STREET ADDRESS **6300 NW 31ST AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **DVT** ☐ Delete
NAME **WODA, JERRY**
STREET ADDRESS **6300 NW 31ST AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/CEO** ☐ Change ☒ Addition
NAME **Howard Lorber**
STREET ADDRESS **1400 Old Country Road**
CITY-ST-ZIP **Westbury, NY 11590**

TITLE **Exec.V** ☐ Change ☒ Addition
NAME **Wayne Norbitz**
STREET ADDRESS **1400 Old Country Road**
CITY-ST-ZIP **Westbury, NY 11590**

TITLE **Sr.V/Franchising-** ☐ Change ☒ Addition
NAME **Carl Paley**
STREET ADDRESS **1400 Old Country Road**
CITY-ST-ZIP **Westbury, NY 11590**

TITLE **VT/Asst.S** ☐ Change ☒ Addition
NAME **Ronald DeVos**
STREET ADDRESS **1400 Old Country Road**
CITY-ST-ZIP **Westbury, NY 11590**

TITLE **V/Operations** ☐ Change ☒ Addition
NAME **Frank Baran**
STREET ADDRESS **1400 Old Country Road**
CITY-ST-ZIP **Westbury, NY 11590**

TITLE **V/Architecture & Const.** ☐ Change ☒ Addition
NAME **Donald Schedler**
STREET ADDRESS **1400 Old Country Road**
CITY-ST-ZIP **Westbury, NY 11590**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)