FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am Secretary of State **DOCUMENT # \$53278** SUBARS SUBWAYS, INC. 02-26-2001 90544 049 ***158.75 Principal Place of Susiness Mailing Address 5991 CATTLERIDGE BLVO 8019 BOTAL BURKOALE CIRCLE ORADEMION ST. 39209 SARABOTA FL 34252 2. Principal Place of Business 3. Mailing Address 4460 TALLEY Some Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SARASOTA City & State City & State 4. FEI Number 58-1944274 Applied For 34243 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired MANATER Fee Required 6. Name and Address of Current Registered Agent Annette L. CANNY V.P. 4460 Talle VAST Kd 483 S TAMIAMI TRAIL Street Addir SARASOTA FL y submits this statere🚮 tor நக்றபரமை of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when rein 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Resident TITLE Delete TITLE Addition CARLOSM. BERUFF 483278-STE KLAWANS, BARKY 8276 SHADOW PINE WAY NAME NAME STREET ADDRESS STREET ADDRESS BRAJENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE Delete TITLE Change : ☐ Addition ANNeHe L. GANNI NAME NAME 4020 73 M TERRE STREET ADDRESS STREET ADDRESS T 34243 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete RILE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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 ampowered. SIGNATURE:

DIRECTOR