2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # \$70462** 04-02-2001 90308 043 ***150.00 B.M. SUBWAY, INC. Principal Place of Business Mailing Address 3118 GULF TO BAY BLVD 3118 GULF TO BAY BLVD 640357 CLEARWATER FL 33759 CLEARWATER FL 33759 US US 2. Principal Place of Business 3. Mailing Address HRGULFTO BAY BULD 3118 GULF TO BAY BLVD DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0279373 ERU ATER Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAHIM KHADER KHADER, IBRAHIM Street Address (P.O. Box Number is Not Acceptable) 3118 GULF TO BAY BLVD #324 **CLEARWATER FL 33759** 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 (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete KHADER, IBRAHIM 3118 GULFTO BOY BLVD #140 CLEARWATER FL 337.59 NAME NAME KHADER, IBRAHIM STREET ADDRESS STREET ADDRESS 3118 GULF TO BAY BLVD #324 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** TITLE ☐ Delete TITLE BSEISU, AMJAD NAME NAME **BSEISU, AMJAD** CLEARWATER FL 33759 STREET ADDRESS STREET ADDRESS 15625 PRESTON RD CITY-ST-7IP CITY-ST-ZIP DALLAS TX ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.