

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90114 040 \*\*\*150.00

DOCUMENT # V00272

1. Entity Name

KOLT SUBWAY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

7473 NW 4 ST.  
~~12870 N.W. 16 ST.~~  
PLANTATION FL 33317  
US

C/O H.R. KOLTHOW  
7473 N.W. 4 ST.  
PLANTATION FL 33317  
US

2. Principal Place of Business

3. Mailing Address

7473 N.W. 4 STREET

7473 N.W. 4 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PLANTATION

City & State  
PLANTATION

Zip  
33317

Country

Zip  
33317

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0302983

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

KOLTNOW, H ROBERT  
7473 N.W. 4TH ST.  
~~SUITE 338~~  
PLANTATION FL 33317

Name  
H. ROBERT KOLTNOW

Street Address (P.O. Box Number is Not Acceptable)

7473 N.W. 4 STREET

City  
PLANTATION

FL

Zip Code  
33317

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/19/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPST  
KOLTNOW, H ROBERT  
7473 NW 4TH ST  
PLANTATION FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KOLTNOW, CAROL  
7473 NW 4TH ST.  
PLANTATION FL

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. ROBERT KOLTNOW, VPST

4/19/01

904-481-5252

CR2E034 (10/00)