2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003928

1. Entity Name

FIFTH INTERCONTINENTAL FLORIDA BLIMPIE LEASING,

FILED
01 SEP 19 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O United Corporate Services, Inc. 9200 South Dadeland Blvd. Suite 508 Miami, Fl 33156	1775 The Exchange Suite 600 Atlanta, GA 30339

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. # etc.

City & State | City & State

Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2167437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

United Corporate Services, Inc.
9200 South Dadeland Blvd.
Suite 508
Miami, Fl 33156

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.

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 $50.00
Make Check Payable to Department of State

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-09/28/01--01004--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / David L. Siegel / 740 Broadway / New York, NY 10003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Charles Leykness / 740 Broadway / New York, NY 10003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Pres 6/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #