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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							
	PROFIT FLORIDA DEPARTMENT OF STATE		APPROVEG				
	RPORATION JAL REPORT	Katherine				FILE	
	1999	Secretary of State Division OF CORPORATIONS			99 JAN 1		
 					SFran	99 JAN 11 PM 4: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L11104				MILLAHA	ARY OF STATE		
BLIMPIE CAPITAL VENTURE, INC.			t yan iikii nei einaa iiaha masa nha	CE, FLORIDA			
Principal Place of Business Mailing Address					il Birli bizik dini) ordii birii žirii bizik foak		
801 NE 167TH SUITE 300	801 NE 167TH STREET 1775 THE EXCHANGE SUITE 300 800			(
N. MIAMI BCH	N. MIAMI BCH FL 33607 ATLANTA GA 30939 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
			·	08/24/1989			
2. Principal Place of Business 2a. Mailing Address 25			*	4. FEI Number 58-1993440	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional	
22 City & Stat	ie -	City & State		· · · ·	6, Election Campaign Financing	Fee Required \$5.00 May Be	
23		28	· ·	·	Trust Fund Contribution	Added to Fees	
24 24	Zip Country Zip Country 29 30		Country	у	This corporation owes the curre Personal Property Tax.	ent year Intangible ☐ Yes ☐ No	
	9. Name and Address of Current I	Registered Agent	81	Name	10. Name and Address of New R	egistered Agent	
	TED CORPORATE SERVICES, INC.		82		ess (P.O. Box Number is Not Acceptal	olo)	
	NORTHEAST 167TH STREET		83	<u> </u>	ess (F.O. Box Number is Not Acceptal	DIE)	
Suite 300 North Miami Beach FL 33162							
				84 City FL 85 Zip Code			
11. Pursuant office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	and 607.1508, Florida Statutes, Florida. Such change was auth	the above conzed by	e-named corporation	oration submits this statement for the p on's board of directors. I hereby accept	purpose of changing its registered the appointment as registered	
SIGNATURE			a Statutes				
12,	Signature, typed or printed name of registered agent at OFFICERS AND		gistered Age	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE				☐ Change ☐ Addition	
NAME STREET ADDRESS	SIEGEL, DAVID L. 740 BROADWAY 12TH FL		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10003		1.4 CITY-ST-ZIP				
TITLE !	P POMPEO, PATRICK	☐ DELETE	2.1 TITLE 2.2 NAME		ر سرب درسه درسه درسه درسه درسه درسه درسه درسه	☐ Change ☐ Addition	
STREET ADDRESS	740 BROADWAY 12TH FL		2.3 STREET A		-01/14,	7425663 /9901113022	
CITY-ST-ZIP	NEW YORK NY 10003 VSD	☐ DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP			
NAME	LEANESS, CHARLES		3.2 NAME				
STREET ADDRESS	Almar MONY his access			T ADDRESS			
CITY-ST-ZIP	TAS	DĒLETĖ	3.4. CITY-5 4.1 TITLE	51-215		☐ Change ☐ Addition	
NAME	MORGAN, JOSEPH		4. 2 NAME	1			
STREET ADDRESS CITY-ST-ZIP	NEW YORK NY JOSES		4.3 STREE 4.4 CITY-S	TADDRESS			
TITLE		DELETE	5.1 TITLE	_		Change Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET	TADDRESS	١. ٨		
CITY-ST-ZIP	 		5.4 CITY-S	T-ZIP			
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME		12,11	☐ Change ☐ Addition	
STREET ADORESS				TADDRESS			
CITY-ST-ZIP	ertify that the information supplied with	his filing does not qualify for th	6.4 CITY-S		ection 119.07(3)(i) Florida Statutes 1	further certify that the information	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.							
SIGNAT	URE: SIGNATURE AND TYPES OR PE	INTED NAME OF SIGNING OFFICER OR	DIRECTOR		1/5/99 (42	J 6 /3 - 3700	
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