

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~E~~99000003900

1. Entity Name

BLIMPIE CAPITAL SERVICES, LLC

FILED

Principal Place of Business

C/O United Corporate Services, Inc.
9200 South Dadeland Blvd.
Suite 508
Miami, FL 33156

Mailing Address

175 The Exchange
Suite 600
Atlanta, GA 30339
US

01 SEP 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1993429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

300004614683--0

-09/28/01--01004--011

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

David L. Siegel
740 Broadway
New York, NY 10003

TITLE NAME ☐ Delete

Vice President
Charles LeAnvoss
740 Broadway
New York, NY 10003

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

NAME
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CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)