

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# L99000003917			
1. Entity Name BLIMPIE PERSHING FLORIDA VENTURES, LLC			
Principal Place of Business c/o United Corporate Services, Inc. 9200 South Dadeland Blvd. Suite 508 Miami, FL 33156		Mailing Address 1775 The Exchange Suite 600 Atlanta, GA 30339 US	
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 65-0619083		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/>	
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable.		DATE _____	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State		800004614678--S -09/28/01--01004--003 *****50.00 *****50.00	
9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE: President NAME: David L. Siegel STREET ADDRESS: 740 Broadway CITY-ST-ZIP: New York, NY 10003 <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: Vice President NAME: Charles Loebness STREET ADDRESS: 740 Broadway CITY-ST-ZIP: New York, NY 10003 <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 606, Florida Statutes.			
SIGNATURE: _____ 6/18/01			

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

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)