2001 UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nan	MENT # L9900000	3919 -		مسمدي	F 11 m -		
CONSOLIDATED BLIMPIE ENTERPRISES, LLC					FILED 01 AUG 17 PM 10 -		
Principal Place C/O UM SONUIG 9200 5 Suite	ce of Business VITED Conporato South Dadofand Bi	Mailing Address 1775 The 60 WAY AND A	SA-30	3 33 9	01 AUG 17 PM 12: 1 SECRETARY OF STATE TALLAHASSEE, FLORIDA	7	
2. Principal F	Place of Business	3. Mailing Address			- ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 58-2071455	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required		
_	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Regis	tered Agent	
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9200 South DADOTAND BIVD. Suito 508				Street Address (P.O. Box Number is Not Acceptable)			
Minn	i, Fl. 33156	•	Cit			Tip Cod	to.
The above named entity submits this statement for the purpose of changing				FL			<u> </u>
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SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NO	TE: Registered Agent	t signature required	when reinstating)	DATE	——
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9.	MANAGING MEMBE	RS/MEMBERS	10.	nes ann s mar s	ADDITIONS/CH/	NGES	
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NAME	Charles Leanes	S Delete	NAME	(1) (1)			
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11. I hereby o	sertify that the information amplied with	his filing does not qualify to			ction 119.07(3)(i) Florida Statutes Uturt	er certify that the in	formation
indicated limited lial	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted	hat my signature shall have empowered to execute this	the same legal report as requi	l effect as if m ired by Chapte	ade under oath; that I am a managing r er 608, Florida Statutes.	nember or manage	r of the
	\ <i>\</i> \	\	1100 (1818,1.		
SIGNAT	URE:	SIGNING MANAGING MEMBER, MA	NAGER, OR AUTHO	RIZED REPRESEN	ITATIVE Date	Daytime Phone #	