

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003919

1. Entity Name

CONSOLIDATED BLIMPIE ENTERPRISES, LLC

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  
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

58-2071455

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

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME DAVID L. SIGAL  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK, NY 10003

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME CHARLES LEANESS  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK, NY 10003

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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)