

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003922

1. Entity Name

BLIMPIE JUSTICE FLORIDA LEASING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -7 AM 9:25

Principal Place of Business

9200 SOUTH DADELAND BLVD., SUITE 508
C/O UNITED CORPORATE SERVICES, INC.
MIAMI FL 33156

Mailing Address

1775 THE EXCHANGE, SUITE 600
ATLANTA GA 30339-2051

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

58-2207987

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
C/O UNITED CORPORATE SERVICES, INC.
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 NAME ☐ Delete
MGR
POMPEO, PATRICK J
STREET ADDRESS 9200 SOUTH DADELAND BLVD., SUITE 508
CITY - ST - ZIP MIAMI FL 33156

TITLE NAME ☐ Change ☐ Addition
600003321676--7
-07/13/00--01010--012
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 OR MANAGER

Date

Daytime Phone #

6/9/00 (770) 984-2707