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200	1 UNIFORM BUS	INESS REPO	RT	(UBR	<u>)                                    </u>					0024033
DOCUMENT # L9900003924						≯û Thiệs				8
1. Entity Name BLIMPIE VERO BEACH LEASING, LLC						FILED	,			Ą
					01	SEP 19 PM 12:	17			
Principal Place of Business , Mailing Address  C/O UNITED CORPORATE SERVICES. INC. 1775 THE EXCHANGE. SI 9200 SOUTH DADELAND BLVD SUITE 508 ATLANTA GA 30339  MIAMI FL 33156				ITE 600		CRETARY OF STATI LAHASSEE, FLORIC	E A	IARA ISINA CAGAR	1( <b>2</b> )/ 2(0) 122(	
2. Principal F	Place of Business									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Guite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State	City & State			Number 59-2197967		<b></b>	plied For	]
Zip	Country	Zip	Count		5. Cert	5. Certificate of Status Desired Sound Addition Fee Required			fitional	
	6. Name and Address of Current	Registered Agent	1		7. Nam	e and Address of New Re				1
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508				. Name						
				Street Add	lress (P.O. Box N	(P.O. Box Number is Not Acceptable)				1
MIAMI FL		'								1
				City				Zip Cod	3	1
				·			FL	2,5000		
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed office or re	egistered agent,	or both, in the State of Flori	da.			
SIGNATURE .	·-									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered	d Agent signature	required when reinstat	<del></del>	DATE			1
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department o			of State   6000046114868				
9.	MANAGING MEMBE	ERS/MEMBERS	10.			ADDITIONS/C				1
TITLE .	MGR	☐ Delete				☐ Change			□ Addition 8	8
NAME STREET ADDRESS CITY-ST-ZIP	MORGAN, JOSEPH 740 BROADWAY, 12TH FLOOR			ET ADDRESS			-			CR2E083 (11/00)
TITLE	NEW YORK NY 10003	☐ Delete	TITLE	-ST-ZIP				Change	☐ Addition	ZEC
NAME		☐ Delete	NAME					Change		ਠ
STREET ADDRESS CITY-ST-ZIP	,			ET ADDRESS -ST-ZIP						
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NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP		·				
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NAME STREET ADORESS			NAME	T ADDRESS						
CITY-91-ZIP				ST-ZIP						
TITLE .		☐ Delete	TITLE					☐ Change	Addition	
NAME . STREET ADDRESS			NAME	T ADDRESS						

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 regeliver or true empowered to deccute this report as required by Chapter 608, Florida Statutes. 6/8/01

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP