

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003927

1. Entity Name

BOULEVARD EAST BLIMPIE LEASING, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -7 AM 9:25

Principal Place of Business

% UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BOULEVARD, SUITE 508  
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

58-2413973

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BOULEVARD, SUITE 508  
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete  
MGR MORGAN, JOSEPH  
STREET ADDRESS 740 BROADWAY, 12TH FLOOR  
CITY- ST- ZIP NEW YORK NY 10003

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003322481--6  
CITY- ST- ZIP -07/13/00--01010--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER OR MANAGER

6/9/00 (770) 984-2707

Date

Daytime Phone #