2001-2002 Reinstatement

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003932

1. Entity Name

FOURTH INTERCONTINENTAL FLORIDA BLIMPIE LEASING

Principal Place of Business

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
MIAMI FL 33156

Mailing Address

BLIMPIE INTERNATIONAL, INC.
1775 THE EXCHANGE, STE. 600
ATLANTA GA 30339

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

APR
03-11-2002 90006 015 ***150.00
FILED L99000003932

02 MAY 29 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001/2002

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0533089 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., 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 United Corporate Services, Inc. Michael A Barr 7/30/02

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

800005729108
-06/10/02 01079-001
*****50.00 *****50.00

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

TITLE
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☐ Change ☐ Addition

CR2E083 (5/01)

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 9-17-01 800-447-6256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #