

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003948

1. Entity Name

BLIMPIE CHARLOTTE FLORIDA LEASING, LLC

FILED
01 SEP 19 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business *410 United Corporate Services, Inc.* **Mailing Address** *1775 The Exchange Suite 600*
7200 South Dade Blvd. Suite 508 *Atlanta, GA 30339*
Miami, FL 33156

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** *58-2234437* **Applied For**
Country **Country** **5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

United Corporate Services, Inc. **Name**
7200 South Dade Blvd. **Street Address (P.O. Box Number is Not Acceptable)**
Suite 508
Miami, FL 33156 **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 **DATE**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>President</i> <i>DAVID L. STEIGEL</i> <i>740 BROADWAY</i> <i>NEW YORK, NY 10003</i>		<i>500004611535-3</i> <i>-09/26/01--01018-007</i> <i>*****50.00 *****50.00</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Vice President</i> <i>CHARLES LEANESS</i> <i>740 BROADWAY</i> <i>NEW YORK, NY 10003</i>			
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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]* **DATE:** *6/18/01*

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

CR2E083 (11/00)