

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003952
1. Entity Name
 COLLIER COUNTY BLIMPIE REALTY, LLC

Principal Place of Business **Mailing Address**
 % UNITED CORPORATE SERVICES, INC. 1775 THE EXCHANGE SUITE 600
 9200 SOUTH DADELAND BLVD. SUITE 508 ATLANTA GA 30339
 MIAMI FL 33156

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 58-1993439 **Applied For**
☐ **\$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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

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 -09/26/01--01012--016
 *****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POMPEO, PATRICK 740 BROADWAY, 12TH FLOOR NEW YORK NY 10003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 REQUIRED** 6/18/01

FILED

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



DO NOT WRITE IN THIS SPACE

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