

# 2000 UNIFORM BUSINESS REPORT (UBR)

2015823 1

DOCUMENT # **L99000003953**

1. Entity Name  
**BLIMPIE CAPITAL VENTURE, 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 BLVD., SUITE 508  
MIAMI FL 33156

Mailing Address

1775 THE EXCHANGE, SUITE 600  
ATLANTA GA 30339-2051



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1993440

Applied For

Not Applicable

Zip

Country

Zip

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.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI FL 33156

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

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
800003321668--2  
-07/13/00--01010--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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CITY- ST- ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6/19/00 (TD) 984-2707  
Date Daytime Phone #

119.07(3)(i)