2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMEN 1. Entity Name BLIMPIE OF HII			Secretary of State 04-30-2003 90151 022 ***158.75					
Principal Place of Business 1805 WEST HILLSBORO BLVD DEERFIELD BEACH FL 33442 US		Mailing Address 18004 NW 60TH PLACE MIAMI FL 33015 US						
2. Principal Place of I	Business	3. Mailing Address 7755 N ω	173rd Dr	IVE	i (næisner sir karija jirir hriti hatisi nasti i	98)81 1 6188 11616 2830 01 4)((8)) (8)()80(
_ Suite, Apt_#_etc		UNIT_120	01_		CHECK HERE IF MA	KING CHÂNGES		
City & State		City & State #//QM/ F19		4. FE	4. FEI Number Applied For Not Applicable			
Zip	Country	Zip 33015	Country SA		ertificate of Status Desired	\$8.75 Add Fee Require		
6. N		7. Name and Address of New Registered Agent						
RICHARD, CARLI	Name Street Ad	Street Address (P.O. Roy Number is Not Acceptable).						
1805 WEST HILLS DEERFIELD BEAC		7155 NW 173 TO DRIVE						
OCCUPIED DEAC	City 1	City Mioni RC FL Zu Carlo 15						
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Lypid of purpose agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
After May 1	OW!!!_FEE IS \$150.00 , 2003 Fee will be \$550.00 le to Florida Department of \$	State	<u> </u>		9. Election Campaign Financing Trust Fund Contribution.		O_May,Be = I to Fees	
10.	OFFICERS AND D	IRECTORS	11,	ADDI	ITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	
STREET ADDRESS 18004	IEIMER, MARIA NW 60TH PLACE FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shalh 18004	eimer Monia NW 60 PC W FC 3301	Change	Addition 8	
TITLE S CARLI, STREET ADDRESS 1805 V	, RICHARD WEST HILLSBORÖ BLVD FIELD BEACH FL 33442	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D	41 FC 3301	☐ Change	Addition	
	KI VALDINIESO THW 173 BAIV	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		VAldiviess UW 173 DRIVE 11 FL 330/5	SO Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	b Thatherner out NW 60 PLAS Upmi Fl 3301	V.D Delete	NAME OTHERS ADDRESS	VP. Rob Tr	halheimer for NW 60-PL-	☐ Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ry (Bra j	PL 33018	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	٧,		∴ Change	Addition	

12. 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 or supplemental upper is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee end owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a particular statement with all other like empowered.

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