

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90449 008 ***150.00

DOCUMENT # P95000036210

1. Entity Name
KUTS BLIMPIE ENTERPRISES, INC.

Principal Place of Business 28 W. FLAGLER ST., 12TH FLOOR MIAMI FL 33130-1806	Mailing Address 28 W. FLAGLER ST., 12TH FLOOR C/O MAURICE JAY KUTNER MIAMI FL 33130-1806 US
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87986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	NOT APPLICABLE	Applied For	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KUTNER, MAURICE J 28 W FLAGLER ST 12TH FLOOR MIAMI FL 33130-1806				Name <i>Maurice Jay Kutner</i>			
				Street Address (P.O. Box Number is Not Acceptable) <i>11th Floor - Courthouse Tower</i>			
				<i>44 West Flagler Street</i>			
				City <i>Miami</i> FL Zip Code <i>33130-6803</i>			

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 _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUTNER, MAURICE J 28 W. FLAGLER ST., 12TH FLOOR MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Maurice Jay Kutner</i> <i>44 West Flagler Street - 11th Floor</i> <i>Miami, Florida 33130-6803</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUTNER, MARISOL 28 W. FLAGLER ST., 12TH FLOOR MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>KUTNER, MARISOL</i> <i>44 West Flagler St. 11th Floor</i> <i>Miami, FL 33130-6803</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Secretary</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
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
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

13. 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 report 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maurice J. Kutner* Date: *4/18/02* Daytime Phone # _____

CR2E034 (9/01)