

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000010213

1. Corporation Name  
BLIMPIE CUTLER FLORIDA LEASING CORP.

Principal Place of Business  
UNITED CORPORATE SERVICES  
801 NE 16TH ST 300  
N MIAMI BCH FL 33162  
US

Mailing Address  
1775 THE EXCHANGE  
600  
ATLANTA GA 30339  
US

FILED  
Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90036 003 \*\*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

58-2234449

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
C/O UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET-SUITE 300  
NORTH MIAMI BEACH FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
VD  
SIEGEL, DAVID L  
STREET ADDRESS  
740 BROADWAY 12TH FLOOR  
CITY-ST-ZIP  
NEW YORK NY 10003

TITLE ☐ DELETE

NAME  
VTD  
LEANESS, CHARLES G  
STREET ADDRESS  
740 BROADWAY 12TH FLOOR  
CITY-ST-ZIP  
NEW YORK NY 10003

TITLE ☐ DELETE

NAME  
P  
MORGAN, JOSEPH  
STREET ADDRESS  
740 BROADWAY 12TH FL  
CITY-ST-ZIP  
NEW YORK NY 10003

TITLE ☐ DELETE

NAME  
S  
POMPEO, PATRICK  
STREET ADDRESS  
740 BROADWAY 12TH FL  
CITY-ST-ZIP  
NEW YORK NY 10003

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99  
Date

(212) 673-5900  
Daytime Phone #

CR2E034 (1/98)