

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**May 01, 2001 08:00 AM
Secretary of State**

DOCUMENT # L99000004978

1. Entity Name
BRICKELL CORRIDOR, LLC

Principal Place of Business C/O RSVP METROPOLITAN PARKING, LLC 333 EARLE OVINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553	Mailing Address C/O RSVP METROPOLITAN PARKING, LLC 333 EARLE OVINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553
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2. Principal Place of Business 425 EAST 61ST STREET	3. Mailing Address 425 EAST 61ST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEW YORK NY	City & State NEW YORK NY
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Zip 10021	Country	Zip 10021	Country
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4. FEI Number 11-3507433	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

Name
REGISTERED AGENTS OF FLORIDA, LLC

Street Address (P.O. Box Number is Not Acceptable)
100 SOUTHEAST SECOND STREET

SUITE 3500

City **MIAMI** **FL** Zip Code **33131**

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 **HOWARD J. VOGEL, VP**

05/01/2001

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	MGRM METROPOLITAN QUIK PARK OF SOUTH FLORIDA 333 EARLE OVINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jacob I. Sopher, auth. rep. of Member**

a/r

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)