


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90101 008 ***550.00

DOCUMENT # P97000084418	
1. Entity Name QUIK PARK OF FLORIDA, INC.	

Principal Place of Business 425 EAST 61ST STREET NEW YORK NY 10021	Mailing Address 425 EAST 61ST STREET NEW YORK NY 10021
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number	58-2362698	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND STREET SUITE 3500 MIAMI FL 33131

7. Name and Address of New Registered Agent Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street Suite 2900 City Miami FL Zip Code 33131
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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 Howard J. Vogel, V.P. DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOPHER, JACOB I 425 EAST 61ST STREET NEW YORK NY 10021 <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	VP LLOPIZ, RAFAEL 425 EAST 61ST STREET NEW YORK NY 10021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other firms empowered.

SIGNATURE REQUIRED