

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000005488**

1. Entity Name

SYMPHONY GARAGE, 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

2. Principal Place of Business

425 EAST 61ST STREET

3. Mailing Address

425 EAST 61ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW YORK NY

City & State

NEW YORK NY

4. FEI Number

11-3550347

Applied For

Not Applicable

Zip

10021

Country

Zip

10021

Country

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN PEDRO AESQ
GREENBERG TRAUIG PA
1221 BRICKELL AVENUE SUITE 2100
MIAMI FL 33131 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 SE 2ND 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

TITLE MGRM ☐ Delete
NAME METROPOLITAN QUIK PARK OF SOUTH FLORIDA
STREET ADDRESS 333 EARLE OVINGTON DRIVE SUITE 1030
CITY-ST-ZIP UNIONDALE NY 11553TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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)