

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000001790**1. Entity Name
FLAMINGO GARAGE L.L.C.

Principal Place of Business C/O QPF MANAGEMENT, INC. 1680 MERIDIAN AVENUE, SUITE 420 MIAMI BEACH 33139 FL	Mailing Address C/O QPF MANAGEMENT, INC. 1680 MERIDIAN AVENUE, SUITE 420 MIAMI BEACH 33139 FL
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2. Principal Place of Business 425 EAST 61ST STREET	3. Mailing Address 425 EAST 61ST STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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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 22-3680080	Applied For 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 TAGUE BRIAN P.A. C/O TEW CARDENAS, ET AL 201 S. BISCAYNE BLVD., 26TH FLOOR 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 SOUTHEAST SECOND STREET SUITE 3500 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.

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	MGR QPF MANAGEMENT, INC. 1680 MERIDIAN AVENUE, SUITE 200 MIAMI BEACH FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METROPOLITAN QUIK PARK OF SOUTH FLORIDA, L 333 EARLE OVINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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)