

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L99000003586****1. Entity Name**  
444 BRICKELL GARAGE L.L.C.

Principal Place of Business	Mailing Address
425 E. 61ST STREET  NEW YORK NY 10021	425 E. 61ST STREET  NEW YORK NY 10021

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip      Country

Zip      Country

**4. FEI Number**  
**22-3680089**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MENARD CLAIRE PESQ.  
C/O BERMAN WOLFE & RENNERT, P.A.  
100 SOUTHEAST SECOND STREET, SUITE 3500  
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**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	<input type="checkbox"/> Delete
NAME	Q.P.F. MANAGEMENT, INC.	
STREET ADDRESS	425 E. 61ST STREET	
CITY-ST-ZIP	NEW YORK NY 10021	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS / CHANGES**

TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	METROPOLITAN QUIK PARK OF SOUTH FLORIDA, L		
STREET ADDRESS	333 EARLE OVINGTON DRIVE, SUITE 1030		
CITY-ST-ZIP	UNIONDALE NY 11553		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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)