2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # **L99000003787**

1. Entity Name
DIRECT GARAGE L.L.C.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3680091** ☐ Applied For ☐ Not Applicable

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

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, LLP
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 Q.P.F. MANAGEMENT, INC. 425 E. 61ST STREET NEW YORK NY 10021	☐ 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
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CR2E083 (11/00)

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 #