2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L99000004302

1. Entity Name
DOLPHIN BRICKELL, L.L.C.

Principal Place of Business	Mailing Address
1680 MERIDIAN AVENUE, SUITE 420 MIAMI BEACH FL 33139	C/O QPF MANAGEMENT, INC. 1680 MERIDIAN AVENUE, SUITE 420 MIAMI BEACH FL 33139

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3680095 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN PEDRO AESQ. C/O GREENBERG, TRAURIG, P.A. 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131 US	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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete QPF MANAGEMENT, INC. 1680 MERIDIAN AVENUE, SUITE 420 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition METROPOLITAN QUIK PARK OF SOUTH FLORIDA, L 333 EARLE OVINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 #