

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000006458**1. Entity Name
OPERA GARAGE, LLC

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|---|---|
| Principal Place of Business 333 EARLE OVINGTON DR., STE 1030 UNIONDALE NY 11553 | Mailing Address 333 EARLE OVINGTON DR., STE 1030 UNIONDALE NY 11553 |
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|---|---|
| 2. Principal Place of Business 425 E. 61ST STREET Suite, Apt. #, etc. | 3. Mailing Address 425 E. 61ST STREET Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-----------------------------|
| City & State NEW YORK NY | City & State NEW YORK NY |
| Zip 10021 | Country |

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| 4. FEI Number 22-3712235 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 SUITE3500 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 METROPOLITAN QUIK PARK OF SOUTH FLORIDA 333 EARLE OVINGTON DRIVE, SUITE 1030 UNION DALE NY 11553 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM METROPOLITAN QUIK PARK OF SOUTH FLORIDA 333 EARLE OVINGTON DRIVE, SUITE 1030 UNION DALE NY 11553 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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)