

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008447**

1. Entity Name

**CONCERT GARAGE, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business

Mailing Address

C/O OPF MANAGEMENT, INC.  
1680 MERIDIAN AVENUE, SUITE 420  
MIAMI BEACH FL 33139

C/O OPF MANAGEMENT, INC.  
1680 MERIDIAN AVENUE, SUITE 420  
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3536105

Applied For

Not Applicable

Zip

Country

Zip

Country

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 A ESQ.  
GREENBERG TRAUIG, P.A.  
1221 BRICKELL AVENUE, SUITE 2100  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **METROPOLITAN QUIK PARK OF SOUTH FLORIDA**  
CITY-ST-ZIP **333 EARLE OINGTON DRIVE, SUITE 1030 UNIONDALE NY 11553**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **500003418045--0**  
CITY-ST-ZIP **-10/09/00--01015--011**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

9-26-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #