

2001 UNIFORM BUSINESS REPORT (UBR)

0011608 AF

DOCUMENT # L99000003132
 1. Entity Name
MARDER & GONZALEZ, LLC

FILED
 01 MAR -8 PM 4:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
200 EAST LAS OLAS BOULEVARD, SUITE 1440 **200 EAST LAS OLAS BOULEVARD, SUITE 1440**
FT. LAUDERDALE FL 33301 **FT. LAUDERDALE FL 33301**



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 **58-2017922** Applied For Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required
 6. Name and Address of Current Registered Agent
GONZALEZ-GOETZ, LISA ESQ.
200 EAST LAS OLAS BOULEVARD, SUITE 1440
FT. LAUDERDALE FL 33301
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 MARDER, LILLI W 200 EAST LAS OLAS BOULEVARD, SUITE 1440 FT. LAUDERDALE FL 33301 <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	100003891271--2 -03/21/01--0111--003 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lilli W. Marder* Date: 3-04-01 (631) 462-665 Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CRZE083 (11/00)