

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001740 AV

HL 4/24

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR 22 PM 12:57



DOCUMENT # A01000000963

1. Entity Name  
MARGOLIS COMPANY, LTD.

Principal Place of Business 750 COLLINS AVENUE SUITE 300 MIAMI BEACH FL 33139 US	Mailing Address 750 COLLINS AVENUE SUITE 300 MIAMI BEACH FL 33139 US
--	--

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1123500	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARGOLIS GRAL, LLC 750 COLLINS AVENUE SUITE 300 MIAMI BEACH FL 33139		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MARGOLIS, PETER	STREET ADDRESS	
NAME	750 COLLINS AVENUE, SUITE 300	CITY-ST-ZIP	
STREET ADDRESS	MIAMI BEACH FL 33139		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	800005395168-9
NAME		CITY-ST-ZIP	-04/30/02--01061--013
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
4-5-02 (805) 835-9696  
Date Daytime Phone #

CR2E003 (9/01)