

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006867 AF

DOCUMENT # **A19647**

1. Entity Name

**MARGOLIS BROADCASTING COMPANY, LTD.**

**FILED**

**01 MAR 19 AM 7:55**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**19360 NE 22 ROAD  
N MIAMI BEACH FL 33179**

Mailing Address

**19360 NE 22 ROAD  
N MIAMI BEACH FL 33179**

2. Principal Place of Business

Suite, Apt. #, etc.  
**3083 NE 183 Lane**

3. Mailing Address

**3083 NE 183 Lane**

City & State

**Aventura, FL**

City & State

**Aventura, FL**

Zip

**33160**

Country

**USA**

Zip

**33160**

Country

**USA**

4. FEI Number

**59-2557675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARGOLIS, EDWARD  
19360 NE 22 RD  
NORTH MIAMI BEACH FL 33179**

*New  
address*

7. Name and Address of New Registered Agent

Name **Edward Margolis**

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

**3083 NE 183 Lane**

City

**Aventura**

FL

Zip Code

**33160**

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

*Edward Margolis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/15/01**

DATE

9. Capital Contributions  
as Shown on record.

**\$4,500.00**

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

DOCUMENT # **M07039**  
NAME **MARGOLIS BROADCASTING CO**  
STREET ADDRESS **814 FIRST ST.**  
CITY-ST-ZIP **MIAMI BEACH FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3083 NE 183 Lane**  
CITY-ST-ZIP **Aventura, FL 33160**

DOCUMENT #  
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CITY-ST-ZIP

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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:

*Edward Margolis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Edward Margolis**

**03/15/01**

Date

**305-935-1480**

Daytime Phone #

CR2E003 (11/00)