

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A94000000657**

1. Entity Name  
**MARGULIES FAMILY PARTNERSHIP, LTD.**

FILCO  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business  
**445 GRAND BAY DRIVE, SUITE PH 1  
KEY BISCAYNE FL 33149**

Mailing Address  
**445 GRAND BAY DRIVE, SUITE PH 1  
KEY BISCAYNE FL 33149-1905**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0516132</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MARGULIES, MARTIN 445 GRAND BAY DRIVE, SUITE PH 1 KEY BISCAYNE FL 33149</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$100.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P94000035544 MARGULIES FAMILY CORP. 445 GRAND BAY DRIVE, SUITE PH 1 KEY BISCAYNE FL 33149</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>000003260290--6 -05/19/00--01120--003 ****141.25 ****141.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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** **4-18-2000** **(305) 965-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **MARTIN Z MARGULIES** Date Daytime Phone #