

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # : **A97000002916**

1. Entity Name

THE MARGOLIS FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 29 PM 1:29




DO NOT WRITE IN THIS SPACE

Principal Place of Business
9990 S.W. 77TH AVENUE, SUITE 330
MIAMI FL 33156-2699

Mailing Address
9990 S.W. 77TH AVENUE, SUITE 330
MIAMI FL 33156-2661

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0823806** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARGOLIS, JOHN
9990 S.W. 77TH AVENUE, SUITE 330
MIAMI FL 33156

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **-0-**

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, MARJORIE 691 S.W. ELM TREE LANE BOCA RATON FL 33486	STREET ADDRESS	
NAME		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	600003313766--6
NAME		CITY - ST - ZIP	-07/05/00--01108--002 ****141.25 ****141.25
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DOCUMENT #		STREET ADDRESS	
NAME		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** **305-595-1911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Marjorie Margolis** **5/22/00** Daytime Phone #