

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H11036

1. Entity Name

JAMES R. MARGOLIS, M.D. & ASSOCIATES, P.A.

Principal Place of Business

4701 MERIDIAN AVE
ADAMS BLDG STE 440
MIAMI BCH FL 33140
US

Mailing Address

4701 MERIDIAN AVE
ADAMS BLDG STE 440
MIAMI BEACH FL 33140-2910
US

2. Principal Place of Business

4701 MERIDIAN AVE ADAMS

3. Mailing Address

4701 MERIDIAN AVE

Suite, Apt. #, etc.
SUITE 440

Suite, Apt. #, etc.

ADAMS BLDG SUITE 440

City & State

MIAMI BEACH

City & State

MIAMI BEACH FLA

4. FEI Number

59-2436713

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE.
SUITE 700
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME MARGOLIS, JAMES R., M.D.
STREET ADDRESS 4701 MERIDIAN AVE ADAMS BLDG STE 440
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90096 012 ***150.00

LUU56169



DO NOT WRITE IN THIS SPACE

CR2000/2000/0000