

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90089 036 \*\*\*\*50.00

**DOCUMENT # L01000002825**

1. Entity Name

**MARLINS CAPITAL, L.L.C.**

Principal Place of Business

C/O SHELDON ENGELHARD, P.A.  
 5355 TOWN CENTER RD., STE. 801  
 BOCA RATON FL 33486

Mailing Address

C/O SHELDON ENGELHARD, P.A.  
 5355 TOWN CENTER RD., STE. 801  
 BOCA RATON FL 33486

2. Principal Place of Business

**6400 CONGRESS AVENUE**

Suite, Apt. #, etc.

**Suite 2150**

City & State

**BOCA RATON Florida**

Zip

**33487**

Country

**USA**

3. Mailing Address

**6400 CONGRESS AVENUE**

Suite, Apt. #, etc.

**Suite 2150**

City & State

**BOCA RATON Florida**

Zip

**33487**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1078821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ENGELHARD, SHELDON**  
**5355 TOWN CENTER RD., STE. 801**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Jonathan Honig**

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

**6400 Congress Avenue**

**Suite 2150**

City **Boca Raton**

**FL**

Zip Code **33487**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **JONATHAN HONIG** ☐ Delete  
 NAME **MANAGER**  
 STREET ADDRESS **6222 43rd TERRACE**  
 CITY-ST-ZIP **BOCA RATON FLA. 33496**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**JONATHAN HONIG 3/30/02 (561) 443-3665**

Date

Daytime Phone #

CR20023 (07/01)