

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90018 033 ****50.00

DOCUMENT # L02000017464

1. Entity Name

BORKSON AND MARCUS, LLC



Principal Place of Business

~~888 E. LAS OLAS BLVD.~~
~~SUITE 710~~
~~FT. LAUDERDALE FL 33301~~
~~US~~

Mailing Address

~~888 E. LAS OLAS BLVD.~~
~~SUITE 710~~
~~FT. LAUDERDALE FL 33301~~
~~US~~

2. Principal Place of Business

3. Mailing Address

1313 S. ANDREWS AVE.

1313 S. ANDREWS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

FT. LAUD., FL.

City & State

FT. LAUD., FL.

4. FEI Number

51-0415450

Applied For

Not Applicable

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BORKSON, ELLIOT P
500 E. BROWARD BLVD.
SUITE 1000
FT. LAUDERDALE FL 33304

Name

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

1313 S. ANDREWS AVE.

City

FT. LAUD., FL.

FL

Zip Code

33316

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MARCUS, IRA**
STREET ADDRESS ~~888 E. LAS OLAS BLVD. SUITE 710~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33301~~

TITLE **MGR** ☐ Delete
NAME **BORKSON, ELLIOT P**
STREET ADDRESS ~~500 E. BROWARD BLVD. SUITE 1000~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33304~~

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1313 S. ANDREWS AVE**
CITY-ST-ZIP **FT. LAUD., FL. 33316**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1313 S. ANDREWS AVE.**
CITY-ST-ZIP **FT. LAUD., FL. 33316**

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

3/20/03

954-

523-9696

Daytime Phone #

CR2E083 (10/02)