

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

01 MAY -3 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

U014392  
AF

DOCUMENT # **L98000001026**

1. Entity Name

POTOMAC TRAIL REALTY, L.C.

Principal Place of Business

2295 CORPORATE BOULEVARD, N.W., STE 134  
BOCA RATON FL 33431

Mailing Address

2295 CORPORATE BOULEVARD, N.W., STE 134  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0855347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTHMAN, LEE M

2295 CORPORATE BOULEVARD, N.W., STE 134  
BOCA RATON FL 33431

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

000004326650--1  
-05/29/01--01159--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM ASPEN REALTY** ☒ Delete  
STREET ADDRESS **2295 CORPORATE BOULEVARD, N.W., STE 134**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE NAME **LEE ROTHMAN, MGRM.** ☒ Change ☒ Addition  
STREET ADDRESS **2295 CORPORATE BLVD STE 134**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE NAME **MGRM PEE GEE INDUSTRIES** ☐ Delete  
STREET ADDRESS **272-36 GRAND CENTRAL PARKWAY**  
CITY-ST-ZIP **FLORAL PARK NY 11005**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Lee Rothman*

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

Date

Daytime Phone #

CR2E083 (11/00)