

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002866

1. Entity Name

Margolis Gral Red Road, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business

Mailing Address

750 Collins Avenue, Suite 300  
Miami Beach, FL 33139

2. Principal Place of Business

3. Mailing Address

750 Collins Avenue  
Suite, Apt. #, etc. Suite 300

City & State

City & State

Miami Beach, Florida Miami Beach, Florida

Zip

Country

Zip

Country

33139 Dade 33139 Dade

4. FEI Number

Applied For

65-0877790

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael A. Gral  
750 Collins Avenue, Suite 300  
Miami Beach, FL 33139

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

5/1/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

400803327064-2

-07/18/00-01036-020

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. \*\*ANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME Peter Margolis  
STREET ADDRESS 1814 S. Bayshore Lane  
CITY-ST-ZIP Miami, Florida 33133

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME Michael Gral  
STREET ADDRESS 6823 N. Barnett Lane  
CITY-ST-ZIP Fox Point, Wisconsin 53217

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 OR MANAGER

Date

Daytime Phone #

Member

5-1-00 305-535-9696

CR2E083 (1/1/99)