

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90070 017 ****50.00

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DOCUMENT # L98000002866

1. Entity Name

MARGOLIS GRAL RED ROAD, LLC



Principal Place of Business

**750 COLLINS AVE., STE. 300
MIAMI BEACH FL 33139**

Mailing Address

**P.O. BOX 190561
MIAMI BEACH FL 33119**

2. Principal Place of Business

6738 W. Sunrise Blvd

3. Mailing Address

6738 W. Sunrise Blvd

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33313

Country

USA

Zip

33313

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0877790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARGOLIS, PETER
750 COLLINS AVE., STE. 300
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

6738 W. Sunrise Blvd

Suite 105

City

Plantation

FL

Zip Code

33313

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 **MGRM** ☐ Delete
NAME **MARGOLIS, PETER**
STREET ADDRESS **750 COLLINS AVE., STE. 300**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **MGRM** ☐ Delete
NAME **GRAL, MICHAEL**
STREET ADDRESS **750 COLLINS AVE., STE. 300**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
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 **6738 W. Sunrise Blvd, #105**
CITY-ST-ZIP **Plantation, FL 33313**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6738 W. Sunrise Blvd, #105**
CITY-ST-ZIP **Plantation, FL 33313**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Peter W. Margolis

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

Date

Daytime Phone #

CR2E083 (10/02)