

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOI2619 AF

DOCUMENT# L99000002836

1. Entity Name  
MARGOFF L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:55

Principal Place of Business  
C/O HOWARD J. MARGOLIS  
254 EAST 68TH ST., APT 12E  
NEW YORK NY 10021

Mailing Address  
C/O HOWARD J. MARGOLIS  
254 EAST 68TH ST., APT 12E  
NEW YORK NY 10021-6014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

13-4061642

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

PEARLMAN, STUART T  
6839 FAIRWAY LAKES DRIVE  
BOYNTON BEACH FL 33437

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARGOLIS, HOWARD  
254 EAST 68TH ST  
NEW YORK NY 10021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 #

*Signature of Howard Margolis* REQUIRED Howard Margolis 2/25/00 (212) 821-3615

CR2E083 (9/99)