

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN -2 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005947

1. Entity Name

MARGATE MALL, LLC

Principal Place of Business

2500 HOLLYWOOD BLVD  
STE 212  
HOLLYWOOD FL 33020

Mailing Address

2500 HOLLYWOOD BLVD  
STE 212  
HOLLYWOOD FL 33020-6615

2. Principal Place of Business

2237 N. Commerce Parkway

3. Mailing Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33326

Country

US

Zip

33326

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANELLA, ROSS H  
2500 HOLLYWOOD BLVD  
STE 212  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name MANELLA, ROSS H. ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
2237 N. Commerce Parkway

Suite #3

City Weston

FL

Zip Code 33326

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

ROSS MANELLA

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

TITLE NAME MGRM  
STREET ADDRESS CLARIDGE REAL ESTATE CORP  
CITY- ST- ZIP 2500 HOLLYWOOD BLVD., STE 212  
HOLLYWOOD FL

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS 2237 N. Commerce Parkway Suite #3  
CITY- ST- ZIP Weston, FL 33326

☒ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Change ☐ Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)