

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002877

1. Entity Name

THE DAVID MARGOLIS AND MILDRED MARGOLIS FAMILY F

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90154 042 \*\*\*\*61.25

Principal Place of Business

6 PELICAN ISLE  
 FT LAUDERDALE FL 33301

Mailing Address

6 PELICAN ISLE  
 FT LAUDERDALE FL 33301

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

65-0838694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONOFF, CRAIG  
 6100 GLADES ROAD  
 SUITE 204  
 BOCA RATON FL 33434

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 \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
 Trust Fund Contribution.

☐

**\$5.00** May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
 NAME MARGOLIS, DAVID  
 STREET ADDRESS 6 PELICAN ISLE  
 CITY-ST-ZIP FT LAUDERDALE FL 33301

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

TITLE D ☐ Delete  
 NAME MARGOLIS, MILDRED  
 STREET ADDRESS 6 PELICAN ISLE  
 CITY-ST-ZIP FT LAUDERDALE FL 33301

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

TITLE D ☐ Delete  
 NAME MARGOLIS, RICHARD S  
 STREET ADDRESS 6 PELICAN ISLE  
 CITY-ST-ZIP FT LAUDERDALE FL 33301

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

TITLE D ☐ Delete  
 NAME FORMAN, JANEY  
 STREET ADDRESS 6 PELICAN ISLE  
 CITY-ST-ZIP FT LAUDERDALE FL 33301

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00

Date

800-672-1028

Daytime Phone #

CR2E037 (5/00)