

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007866

1. Entity Name

HICKORY ROAD NORTH HOLDINGS, L.L.C.

Principal Place of Business

7311 S.W. 62ND AVENUE
S. MIAMI FL 33143

Mailing Address

C/O RICHARD FEDER
7311 S.W. 62ND AVENUE
S. MIAMI FL 33143

FILED

01 FEB -8 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

RICHARD J. ALAN CAHAN, ESQ.
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126-2065

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 ☐ Delete
MGR
FEDER, RICHARD
STREET ADDRESS
7311 S.W. 62ND AVENUE
CITY-ST-ZIP
S. MIAMI FL 33143

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

2-2-01 305 667-2633

CR2E083 (11/00)

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