

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90088 004 ****50.00

DOCUMENT # L01000005333

1. Entity Name

UNITED MAIL PHARMACY SERVICE, L.C.



Principal Place of Business

1250 E. HALLANDALE BEACH BLVD.

A
HALLANDALE BEACH FL 33009

Mailing Address

1250 E. HALLANDALE BEACH BLVD.

A
HALLANDALE BEACH FL 33009

20013999



2. Principal Place of Business

800 E. Hallandale Beach Blvd

3. Mailing Address

Suite, Apt. #, etc.

800

City & State

Hallandale Beach, FL

4. FEI Number 65-1109717

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

33009

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMOLEY, ROBERT

20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Robert Smoley, Esq

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

2665 So. Bayshore Dr

Suite 200

City Miami

FL

Zip Code

33133

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 ☐ Delete
NAME MGRM
STREET ADDRESS SMOLEY, ROBERT
CITY-ST-ZIP 1250 E HALLANDALE BCH BLVD PH-A
HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 #

1/14/03 954 455,720

CR2E083 (10/02)