

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92180 034 ****50.00

DOCUMENT # L02000003834

1. Entity Name

WICKHAM DRUGSTORE, LLC



4225 ✓

Principal Place of Business

Mailing Address

% ALAN J. MARCUS
20803 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180

% ALAN J. MARCUS
20803 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180

2. Principal Place of Business

% Equity One Realty & Mgmt,
Inc.
Suite, Apt. #, etc.
1696 NE Miami Gardens Drive

3. Mailing Address

% Equity One Realty & Mgmt,
Inc.
Suite, Apt. #, etc.
1696 NE Miami Gardens Drive



☒ CHECK HERE IF MAKING CHANGES

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number

03-0415075

Applied For

Not Applicable

Zip

Country

33179

USA

Zip

Country

33179

USA

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

MARCUS, ALAN J
20803 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180

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. 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
EQUITY ONE REALTY & MANAGEMENT, INC.
1696 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179**

☐ Delete

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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: Doron Valero, Vice President

4-30-03

305-672-1234

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

Date

Daytime Phone #

CR2E083 (10/02)