

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92180 033 \*\*\*\*50.00

**DOCUMENT # L02000011068**

1. Entity Name

**SALERNO VILLAGE SHOPPING CENTER, LLC.**



Principal Place of Business

Mailing Address

C/O ALAN J. MARCUS  
20803 BISCAYNE BLVD. STE. 301  
AVENTURA FL 33180

C/O ALAN J. MARCUS  
20803 BISCAYNE BLVD. STE. 301  
AVENTURA FL 33180

2. Principal Place of Business

% **Equity One Realty & Mgmt., Inc.**

Suite, Apt. #, etc. **Inc.**

**1696 NE Miami Gardens Drive**

City & State **North Miami Beach, FL**

Zip **33179** Country **USA**

3. Mailing Address

% **Equity One Realty & Mgmt., Inc.**

Suite, Apt. #, etc. **Inc.**

**1696 NE Miami Gardens Drive**

City & State **North Miami Beach, FL**

Zip **33179** Country **USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**81-0549249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARCUS, ALAN J**  
**20803 BISCAYNE BOULEVARD STE 301**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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**  
**Doron Valero, 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)