

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92180 037 *****50.00

DOCUMENT # L02000011890

1. Entity Name

THE MEADOWS SHOPPING CENTER, LLC



Principal Place of Business

**20803 BISCAYNE BLVD., STE. 301
AVENTURA FL 33180**

Mailing Address

**20803 BISCAYNE BLVD., STE. 301
AVENTURA FL 33180**

2. Principal Place of Business

**% Equity One Realty & Mgmt,
Suite, Apt. #, etc. Inc.**

**1696 NE Miami Gardens Drive
City & State**

North Miami Beach, FL

Zip Country

33179 USA

3. Mailing Address

**% Equity One Realty & Mgmt,
Suite, Apt. #, etc. Inc.**

**1696 NE Miami Gardens Drive
City & State**

North Miami Beach, FL

Zip Country

33179 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0602043

Applied For

Not Applicable

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., STE. 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 **MGR** ☐ Delete
NAME **EQUITY ONE REALTY & MANAGEMENT, INC.**
STREET ADDRESS **1696 NE MIAMI GARDENS DR.**
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

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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

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)