

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90256 007 ****50.00

DOCUMENT # L02000031310

1. Entity Name
FISHMAN PHARMACEUTICAL, LLC



Principal Place of Business
**120 PORTO SALVO DRIVE
ISLAMORADA FL 33036**

Mailing Address
**120 PORTO SALVO DRIVE
ISLAMORADA FL 33036**

2. Principal Place of Business
215 Ojibway Ave.
Suite, Apt. #, etc.

3. Mailing Address
215 Ojibway Ave.
Suite, Apt. #, etc.

City & State
Tavernier FL
Zip
33070
Country
USA

City & State
Tavernier FL
Zip
33070
Country
USA

4. FEI Number
36-4515379
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FISHMAN, DAVID
120 PORTO SALVO DRIVE
ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent

Name
Fishman Chemical, LLC
Street Address (P.O. Box Number is Not Acceptable)
215 Ojibway Ave.
City
Tavernier FL Zip Code
33070

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

01-21-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	member David Fishman 215 Ojibway Ave. Tavernier, FL 33070	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

01-21-03 3058526121

CR2E083 (10/02)