

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089016

1. Entity Name

BROWNES & COMPANY APOTHECARY, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90031 040 ***150.00

Principal Place of Business

841 LINCOLN ROAD
MIAMI BEACH FL 33139

Mailing Address

200 S BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131

00036505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 850

City & State
Miami, FL

Zip
33131

Country

4. FEI Number 65-0554499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSSZ FIU CORPORATION
701 BRICKELL AVE.
SUITE 1200
MIAMI FL 33131

Name

(Address change only)

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.

Suite 850

City
Miami

FL

Zip Code
33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

San Carson Cheezem, Pres. 3/7/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPP ☐ Delete
NAME MALLON, MARGUERITE N
STREET ADDRESS 841 LINCOLN ROAD
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE 1998 ☐ Delete
NAME FEINBERG, GARY M
STREET ADDRESS 841 LINCOLN ROAD
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE AS ☐ Delete
NAME CHEEZEM, JAN C
STREET ADDRESS 200 S BISCAYNE BLVD 20TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE AS ☒ Change ☐ Addition
NAME CHEEZEM, JAN C
STREET ADDRESS 201 S. Biscayne Boulevard, Suite 850
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-07-01 305.538.754

CR2E034 (10/00)