

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90184 016 ***150.00

DOCUMENT # P01000078933

1. Entity Name
EQUITY ONE ACQUISITION CORP.

Principal Place of Business Mailing Address
1696 NE MIAMI GARDENS DR. 2ND FL **1696 NE MIAMI GARDENS DR. 2ND FL**
NORTH MIAMI BEACH FL 33179 **NORTH MIAMI BEACH FL 33179**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number *Applied For* Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ALAN J ESQ
20803 BISCAYNE BLVD., SUITE 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MARCUS, ALAN J
STREET ADDRESS	1696 NE MIAMI GARDENS DR, 2ND FL
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAIM KATZMAN
STREET ADDRESS	1696 NE MIAMI GARDENS DR
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE	V/P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORON VALEO
STREET ADDRESS	1696 NE MIAMI GARDENS DR
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* Date: **4/22/02** Daytime Phone #: **305 947 1644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)