

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048455

1. Entity Name
EQUITY ONE PROPERTIES, INC.

1696 NE MIAMI GARDENS DR
North MIAMI Beach, FL 33179

FILED

00 OCT 30 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
777 17TH STREET
PENTHOUSE
MIAMI BEACH FL 33139

Mailing Address
777 17TH STREET
PENTHOUSE
MIAMI BEACH FL 33139

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
09-18-00 90002 048 SS

4. FEI Number
65-0936518

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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, ALAN J	
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 301	
CITY-ST-ZIP	AVENTURA FL 33180	
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		

TITLE	CHAIM KATZMAN, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1696 NE MIAMI GARDENS DR	
STREET ADDRESS	North MIAMI Beach, FL 33179	
CITY-ST-ZIP		
TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOON VOLEKO	
STREET ADDRESS	1696 NE MIAMI GARDENS DR	
CITY-ST-ZIP	NORTH 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 an other like empowered.

SIGNATURE: _____ Date: 8/22/00 305 672 1234