


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90135 011 \*\*\*150.00

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<b>DOCUMENT #</b> F92000000996	
<b>1. Entity Name</b> EQUITY ONE, INC.	

<b>Principal Place of Business</b> 1696 NE MIAMI GARDENS DR MIAMI FL 33179 US	<b>Mailing Address</b> 1696 NE MIAMI GARDENS DR MIAMI FL 33179 US
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country	<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-0563410	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MARCUS, ALAN J 20803 BISCAYNE BLVD. SUITE 301 AVENTURA FL 33180	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> CEO <b>NAME</b> SIPZNER, HOWARD <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR <b>CITY-ST-ZIP</b> NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> HETZ, NATHAN <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR <b>CITY-ST-ZIP</b> North Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> MERKUR, ALAN <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR <b>CITY-ST-ZIP</b> MIAMI FL 33179	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> BEN-DZER, NOAM <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR <b>CITY-ST-ZIP</b> North Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> P <b>NAME</b> VALERO, DORON <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR. <b>CITY-ST-ZIP</b> NORTH MIAMI FL 33179	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> COONEY, ROBERT <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR <b>CITY-ST-ZIP</b> North Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> CCEO <b>NAME</b> KATZMAN, CHAIM <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR. <b>CITY-ST-ZIP</b> NORTH MIAMI FL 33179	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> LINNEMAN, PETER <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR <b>CITY-ST-ZIP</b> North Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> MARCUS, ALAN J <b>STREET ADDRESS</b> 20803 BISCAYNE BLVD. STE 301 <b>CITY-ST-ZIP</b> AVENTURA FL 33180	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> Pilpel, Shaiy <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR <b>CITY-ST-ZIP</b> North Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> MILLER, Barbara <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR <b>CITY-ST-ZIP</b> North Miami, FL 33179	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> Segal, Dori <b>STREET ADDRESS</b> 1696 NE MIAMI GARDENS DR <b>CITY-ST-ZIP</b> North Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Doron Valero, President

4-28-03 305-947-1664

Date Daytime Phone #

CR2E034 (10/02)