

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90041 018 ***150.00

DOCUMENT# F99000006530

1. Entity Name
EQUITY (PARK PROMENADE) INC.

Principal Place of Business

**777-17TH STREET PH
 MIAMI BEACH FL 33139**

Mailing Address

**777-17TH STREET PH
 MIAMI BEACH FL 33139**

2. Principal Place of Business

1696 NE Miami Gardens Dr

3. Mailing Address

1696 NE Miami Gardens Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

Country

33179

Zip

Country

33179

4. FEI Number **75-2511671**

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, ALAN J
 20803 BISCAYNE BLVD., STE 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 _____ 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, 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 **DP** ☐ Delete
 NAME **KATZMAN, CHAIM**
 STREET ADDRESS **1600 NE MIAMI GARDENS DRIVE, STE 200**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☒ Change ☐ Addition
 NAME **CEO**
 STREET ADDRESS **KATZMAN, CHAIM**
 CITY-ST-ZIP **1696 NE Miami Gardens Dr
 North Miami Beach, FL 33179**

TITLE **DV** ☐ Delete
 NAME **VALERO, DORON**
 STREET ADDRESS **777-17TH STREET PH**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **VALERO, DORON**
 CITY-ST-ZIP **1696 NE Miami Gardens Dr
 North Miami Beach, FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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 #

305-947-1664

CR2E034 (10/00)