

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014881

1. Entity Name

EQUITY ONE (CLEMATIS) LLC

Principal Place of Business

1696 NE MIAMI GARDENS DRIVE, 2ND FLOOR
NORTH MIAMI BEACH FL 33179

Mailing Address

1696 NE MIAMI GARDENS DRIVE, 2ND FLOOR
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 20 AM 8:52



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

65-0569932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, ALAN J

20803 BISCAYNE BOULEVARD, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

300005574689--6
-05/20/02--01059--011
1250.00 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EQUITY ONE REALTY & MANAGEMENT, INC.
1696 NE MIAMI GARDENS DRIVE, 2ND FLOOR
NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KATZMAN, CHAIM
1696 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VALERO, DORON
1696 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 ☐ Change ☒ Addition

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/02

Date

Printed Name

CR2E083 (9/01)