

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90041 017 ***150.00

DOCUMENT # L40629

1. Entity Name
EQUITY ONE REALTY & MANAGEMENT, INC.

Principal Place of Business

**777 17TH STREET
 PENTHOUSE SUITE
 MIAMI BEACH FL 33139
 US**

Mailing Address

**777 17TH STREET
 PENTHOUSE SUITE
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

1696 NE MIAMI GARDENS DR
 Suite, Apt. #, etc.

3. Mailing Address

1696 NE MIAMI GARDENS DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI BEACH, FL

City & State
NORTH MIAMI BEACH, FLORIDA

4. FEI Number **65-0227351**

Applied For
 Not Applicable

Zip **33179** Country **USA**

Zip **33179** Country **USA**

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

**VALERO, DORON
 777 17TH STREET PENTHOUSE
 MIAMI BEACH FL 33139**

Name **VALERO, DORON**
 Street Address (P.O. Box Number is Not Acceptable)
1696 NE MIAMI GARDENS DRIVE
 City **NORTH MIAMI BEACH** FL Zip Code **33179**

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.

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	P	<input type="checkbox"/> Delete
NAME	KATZMAN, CHAIM	
STREET ADDRESS	777 17TH ST, PENTHOUSE SUITE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALERO, DORON	
STREET ADDRESS	777 17TH ST	
CITY-ST-ZIP	MIAMI FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZMAN, CHAIM	
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERO, DORON	
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA MILLER	
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	CFD / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD SIPZNER	
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN MERKUR	
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)