2001 UNIFORM BUS	INESS REPO	RT (UB	R) /	AMEN DED		
OCUMENT # L40629		u.		FILED (2		
EQUITY ONE REALTY & MANAGEMENT, INC.				01 AUG-27-PM-8: 48		
rincipal Place of Business			SECHETARY OF STATE			
1696 NE MIAMI GARDENS DRIVE. 2ND FLOOR NORTH MIAMI BEACH FL 33179	1696 NE MIAMI GARDENS NORTH MIAMI BEACH FL		IOR .	PATTAHASSEE.		
. Principal Place of Business	3. Mailing Address					
ite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City & State			4. FEI Number 65-0227351 Applied For Not Applicable			
Zip Country	Zip	Country		5. Certificate of Status Desired S5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent Name			
· VALERD, DORON O'1696 N.E. MIAMI GARDENS DAIVE NORTH MIAMI BEACH, TL 33179			Street Address (P.O. Box Number is Not Acceptable)			
MONTH WARM	, ,,,	City		FL Zip Code		
The above named entity submits this statement fo	r the purpose of changing its	registered office	or registered	agent, or both, in the State of Florida.		
GNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent sign	nature required wh	nen reinstating) DATE		
		OW!!! FEE IS				
	Make Check Pa	yable to Depa September 20		State		
MANAGING MEMBE	RS/MANAGERS /	10.		ADDITIONS/CHANGES		
LE CEO/TREASURER	Delete	TITLE	16	Change Addition		
ME HOWARD SIPZNER REET ADDRESS 1696 NE MIAMI CA		NAME DARRET ADODESIS	VALER			
Y-ST-ZIP NORTH MIAMI BEACH,		STREET ADDRESS		NE MIAMI GARDENS DRIVE		
LE VO	Delete	TITLE	NORT	Change Coddition		
NE DIAM AND	•	NAME	KATER	man, CHAIM		
EET ADDRESS 1696 NE MIAMI GA	HUENS DRIVE	STREET ADDRESS	1696 N	UE MIAMI GARDENS DRIVE		
(-ST-ZIP NORTH MIAMI BEAC		CITY-ST-ZIP		MIAMI BEACH, FL 33179		
AE : V	☐ Delete	TITLE	BARBA	RA MILLER Change DAddition		
EET ADDRESS		STREET ADDRESS	1696 A	UF MIAMI GARDENS DRIVE		
-ST-ZIP		- CITY:ST:ZIP	NOKT	H MIAMI BEACH, FL 33179		
E ME	☐ Delete	TITLE NAME		☐ Change ☐ Addition		
EET ADDRESS /-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	5 × 1	0000045636909		
.E	☐ Delete	TITLE		******61 25 *****61 27 Change		
ME HEET ADDRESS Y-ST-ZIP	•- :	NAME - STREET ADDRESS CITY-ST-ZIP	·			
LE	☐ Delete	TITLE	1	☐ Change ☐ Addition		
ME REET ADDRESS	1	NAME STREET ADDRESS	;	~. D		
TY-ST-ZIP		CITY+ST-ZIP		(1)0-		
 I hereby certify that the information subplied with indicated on this report is true and acculate and limited liability company or the rescriptor or thistee 	this filling does not qualify for that my signature shall have to empowered to execute this r	the exemption st the same legal ef report as required	tated in Section fect as if made by Chapter	ion 119.07(3)(i), Florida Statutes. I further certify that the information de under oath; that I am a managing member or manager of the 608, Florida Statutes.		
SIGNATURE: SIGNATURE AND TYPED OFFRINTED NAME OF	PSIGNING MANAGING MEMBER MAN	AGER, OR AUTHORIZ	ED REPRESENTA	ATIVE Date 01 305-672-1234		