

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED
APPROVED AND FILED

DOCUMENT # L40629

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

01 AUG-27 - PM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **65-0027351**
Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
VALERO, DORON
1696 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/TREASURER HOWARD SIPZNER 1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALAN MERKUR 1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALERO DORON 1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZMAN, CHAIM 1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBARA MILLER 1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ Date: **8/20/01** Daytime Phone #: **305-672-1234**