

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91522 013 ***150.00

UBR0303 AV

DOCUMENT # L40629

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

Principal Place of Business
1696 NE MIAMI GARDENS DRIVE
N MIAMI BEACH FL 33179
US

Mailing Address
1696 NE MIAMI GARDENS DRIVE
N MIAMI BEACH FL 33179
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0227351**

Applied For
 Not Applicable

Zip Country

Zip Country

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~~
~~1696 NE MIAMI GARDENS DRIVE~~
~~N MIAMI BEACH FL 33179~~

Name **MARCUS, ALAN J**
 Street Address (P.O. Box Number is Not Acceptable)
20803 BISCAYNE BLVD
SUITE 301
 City **AVENUEAAA FL** Zip Code **33180**

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 **4/18/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

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TITLE	NAME	TITLE	NAME
VP	VALERO, DORON		
1696 NE MIAMI GARDENS DRIVE			
N MIAMI BEACH FL 33179			
VP	KATZMAN, CHAIM		
1696 NE MIAMI GARDENS DR			
N MIAMI BEACH FL 33179			
VP	MILLER, BARBARA		
1696 NE MIAMI GARDENS DRIVE			
N MIAMI BEACH FL 33179			

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 **4/18/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)