

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 24, 2001 8:00 am
Secretary of State

05-03-2001 90041 048 ***150.00

DOCUMENT # P00000085148

1. Entity Name
EQUITY ONE (MARINER) INC.

Principal Place of Business Mailing Address
1696 N.E. MIAMI GARDENS DRIVE **1696 N.E. MIAMI GARDENS DRIVE**
2ND FLOOR **2ND FLOOR**
NORTH MIAMI BEACH FL 33179 **NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business 3. Mailing Address
1696 N.E. Miami Gardens Dr. **1696 NE Miami Gardens Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
North Miami Beach, FL **North Miami Beach, FL** **65-1036980** 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
MARCUS, ALAN J
20803 BISCAYNE BLVD.
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 _____ (NOTE: Registered Agent signature required when rehashing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, ALAN J	NAME	
STREET ADDRESS	20803 BISCAYNE BLVD., STE. 301	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZMAN, CHAIM	NAME	
STREET ADDRESS	1696 NE Miami Gardens Dr	STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, FL 33179	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P VALERO, DORON
STREET ADDRESS		STREET ADDRESS	1696 NE Miami Gardens Dr
CITY-ST-ZIP		CITY-ST-ZIP	North Miami Beach, FL 33179
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 recipient 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 another like empowered.

SIGNATURE: _____ **305-947-1664**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)