

# 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.

City & State City & State  
**North Miami Beach, FL** **North Miami Beach, FL**  
 Zip Country Zip Country  
**33179** **33179**

4. FEI Number Applied For  
**65-1036980** Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

SIGNATURE: \_\_\_\_\_ **305-947-1664**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)