

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90031 049 ***150.00

DOCUMENT # P92000009952

1. Entity Name
EQUITY ONE (ALPHA) CORP.

Principal Place of Business

**777 17TH ST.
PENTHOUSE SUITE
MIAMI BEACH FL 33139**

Mailing Address

**777 17TH ST.
PENTHOUSE SUITE
MIAMI BEACH FL 33139**

2. Principal Place of Business

**1696 NE Miami Gardens Dr
Suite, Apt. #, etc.**

3. Mailing Address

**1696 NE Miami Gardens
Suite, Apt. #, etc.**

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

Country

33179

Zip

Country

33179

4. FEI Number

65-0437659

Applied For

Not Applicable

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

**KATZMAN, CHAIM
777 17TH ST
PENTHOUSE SUITE
MIAMI FL 33131**

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

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, 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 **Pd** ☐ Delete
NAME **CHAIM KATZMAN**
STREET ADDRESS **777 - STREET PH**
CITY-ST-ZIP **MIAMI BCH., FL 33139**

TITLE **CEO** ☐ Change ☐ Addition
NAME **CHAIM KATZMAN**
STREET ADDRESS **1696 NE Miami Gardens Dr**
CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE **VP** ☐ Delete
NAME **DORON VALERO**
STREET ADDRESS **777 17TH ST.**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **P** ☐ Change ☐ Addition
NAME **DORON VALERO**
STREET ADDRESS **1696 NE Miami Gardens Dr**
CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-947-1664

CR2E034 (10/00)