

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90939 030 ***150.00

0168896

DOCUMENT # P93000039148

1. Entity Name
EQUITY ONE (GAMMA) INC.

Principal Place of Business
777 17TH STREET
MIAMI BEACH FL 33139
US

Mailing Address
777 17TH STREET
MIAMI BEACH FL 33139
US

2. Principal Place of Business
1696 NE Miami Gardens Dr.
 Suite, Apt. #, etc.

3. Mailing Address
1696 NE Miami Gardens Dr.
 Suite, Apt. #, etc.

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

Zip
33179

Country

Zip
33179

Country

4. FEI Number **65-0411409**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

LUU55757



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KATZMAN, CHAIM
777 17TH STREET PENTHOUSE
MIAMI BEACH FL 33139

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KATZMAN, CHAIM	777 17TH STREET PENTHOUSE	MIAMI BEACH FL	<input type="checkbox"/>
VP	VALERO, DORON	777 17TH STREET PENTHOUSE	MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CEO	KATZMAN, CHAIM	1696 NE Miami Gardens Dr	North Miami Beach, FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	VALERO, DORON	1696 NE Miami Gardens	North Miami Beach, FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)