

2002 UNIFORM BUSINESS REPORT (UBR)

02RS935 AV

DOCUMENT # P93000039575

1. Entity Name
EQUITY ONE (BETA) INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 24 PM 4:00

Principal Place of Business
1696 NE MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179
US

Mailing Address
1696 NE MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3191262**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

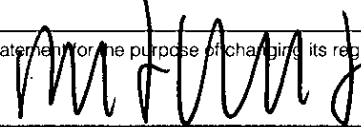
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZMAN, CHAIM
777 17TH STREET
PENTHOUSE SUITE
MIAMI BCH FL 33139

Name
Street Address (P.O. Box Number is Not Acceptable)
MARCUS, ALAN J.
20803 BISCAYNE BLVD STE 301
City **AVENTURA** **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 **4/8/02**

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.

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

TITLE	CEO P/S/D	<input type="checkbox"/> Delete
NAME	CHAIM KATZMAN	
STREET ADDRESS	1696 NE MIAMI GARDENS DR	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	DORON VALERO	
STREET ADDRESS	1696 NE MIAMI GARDENS DR	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500005574745-0	
STREET ADDRESS	-05/20/02--01059--012	
CITY-ST-ZIP	***1250.00 ***150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/5/02**

Daytime Phone #

CFR2E034 (9/01)