

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039748

1. Entity Name
EQUITY ONE (DELTA) INC.

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

05-03-2001 90041 021 ***150.00

Principal Place of Business
~~777-17TH ST.~~
~~PENTHOUSE SUITE~~
~~MIAMI BCH. FL 33139~~
~~US~~

Mailing Address
~~777-17TH ST.~~
~~PENTHOUSE SUITE~~
~~MIAMI BCH. FL 33139~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1696 NE MIAMI GARDENS DR

3. Mailing Address
1696 NE MIAMI GARDENS DR

Suite, Apt. #, etc.

City & State
NORTH MIAMI BEACH, FL

Zip
33179

Country
USA

4. FEI Number 65-0477474

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KATZMAN, CHAIM
777-17TH ST.
PENTHOUSE SUITE-
MIAMI BCH. FL 33139

7. Name and Address of New Registered Agent

Name
KATZMAN, CHAIM

Street Address (P.O. Box Number is Not Acceptable)
1696 NE MIAMI GARDENS DRIVE

City
NORTH MIAMI BEACH

FL

Zip Code
33179

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	PSD CHAIM KATZMAN 777-17TH STREET PH MIAMI BCH., FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORON VALERO 777-17TH ST., PENTHOUSE SUITE MIAMI BCH. FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHAIM KATZMAN 1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORON VALERO 1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)