2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 03, 2001 8:00 am Secretary of State DOCUMENT # P93000067773 EQUITY ONE (EUSTIS SQUARE) INC. 05-03-2001 90041 008 ***150.00 Principal Place of Business Mailing Address 777 - 17TH ST. 777 - 17TH ST PENTHOUSE STE. PENTHOUSE STE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address 1696 NE Migmi Gardens Dr 1696 N.E. Miami Gardens D DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0437661 Jorth Hiami Beach Not Applicable North Hiam \$8.75 Additional 5. Certificate of Status Desired 33 179 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KATZMAN KATZMAN, CHAIM Street Address (P.O. Box Number is Not Acceptable) 777 - 17TH ST. NE MIRMI **PENTHOUSE** MIAMI BCH. FL 33139 NORTH MIAMI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition **JP**-☐ Delete TITLE TITLE VALERO, DORON 1696 NE Miami Gardens Dr VALERO, DORON NAME NAME 777 17TH STREE, PENTHOUSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP North Miami Beach, FL 33179 CITY-ST-ZIP MIAMI BEACH FL CEO / TREASURER LATZMAN, CHAM ☐ Addition TITLE ☐ Delete KATZMAN, CHAIM NAME NAME 1696 NE miami Gardens Dr STREET ADDRESS 777 - 17TH ST., PENTHOUSE STREET ADDRESS CITY-ST-ZIP North Miami Beach, FL CITY-ST-ZIP MIAMI BCH. FL **33179** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information intell 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 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 address, with all other like empowered. 13. I hereby certify that the informindicated on this report or support of the corporation or the rec changed, or on an attachme iddress, with

D NAME OF SIGNING OFFICER OR DIRECTOR

Date