

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90031 003 ***150.00

DOCUMENT # P95000041945

1. Entity Name
EQUITY ONE (POINT ROYALE) INC.

Principal Place of Business
~~777 17TH STREET, PENTHOUSE~~
~~MIAMI BEACH FL 33179~~

Mailing Address
~~777 17TH STREET, PENTHOUSE~~
~~MIAMI BEACH FL 33179~~

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, FLORIDA **NORTH MIAMI BEACH, FLORIDA**

Zip Country Zip Country
33179 **USA** **33179** **USA**

4. FEI Number **65-0596743** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, ALAN J ESQ.
20803 BISCAYNE BOULEVARD
SUITE 301
NORTH MIAMI BEACH FL 33180

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUS, ALAN J ESQ.	
STREET ADDRESS	20803 BISCAYNE BOULEVARD, SUITE 301	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	P	<input type="checkbox"/> Delete
NAME	KATZMAN, CHAIM	
STREET ADDRESS	777 17TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALEO, DORON	
STREET ADDRESS	777 17TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZMAN, CHAIM	
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALEO, DORON	
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
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 all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # **305-672-1234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)