

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-07-2001 90031 010 ***150.00

DOCUMENT # P95000078109

1. Entity Name
EQUITY ONE (LAKE MARY) INC.

Principal Place of Business 777 17TH STREET PENTHOUSE MIAMI BEACH FL 33139	Mailing Address 777 17TH STREET PENTHOUSE MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1696 NE Miami Gardens Dr.	3. Mailing Address 1696 Miami Gardens Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Miami Beach, FL	City & State North Miami Beach, FL
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4. FEI Number 65-0614958	Applied For <input type="checkbox"/> Not Applicable
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Zip 33179	Country	Zip 33179	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**MARCUS, ALAN J ESQ.
 20803 BISCAYNE BLVD. STE 301
 NO. MIAMI BEACH FL 33180**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALERO, DORON	
STREET ADDRESS 1696 NE Miami Gardens Dr	
CITY-ST-ZIP North Miami Beach, FL 33179	
TITLE CEO / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KATZMAN, CHAIM	
STREET ADDRESS 1696 NE Miami Gardens Dr	
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	
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 reports 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

305-947-1664

Daytime Phone #

CR2E034 (10/00)