

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90022 020 ***550.00

DOCUMENT # P95000091020

1. Entity Name
EQUITY ONE (OLIVE) INC.



Principal Place of Business: ~~777 17TH STREET MIAMI BEACH FL 33139~~
 Mailing Address: ~~777 17TH STREET MIAMI BEACH FL 33139~~

00083231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1696 NE Miami Gardens Dr.**
 Suite, Apt. #, etc.: **2nd Floor**
 City & State: **North Miami Beach**
 Zip: **33179** Country: **USA**

3. Mailing Address: **Same**
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

4. FEI Number: **65-0624878**
 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 STREET PENTHOUSE
MIAMI BEACH FL 33139

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: _____ (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. (See criteria on back)
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: P NAME: KATZMAN, CHAIM STREET ADDRESS: 777 17TH STREET PENTHOUSE CITY-ST-ZIP: MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE: VP NAME: VALERO, DORON STREET ADDRESS: 777 17TH STREET PENTHOUSE CITY-ST-ZIP: MIAMI BEACH FL	<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: 1696 N.E. MIAMI GARDENS DR CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 1696 N.E. MIAMI GARDENS DR CITY-ST-ZIP: 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
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **8/23/00** Daytime Phone #: **(305) 927-1664**

CR2E034 (5/00)