

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90209 015 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P96000103383</b> 1. Entity Name <b>EQUITY ONE (FOREST EDGE) INC.</b>					
Principal Place of Business <b>1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0715123</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MARCUS, ALAN J ESQ. 20803 BISCAYNE BLVD. SUITE 201 N MIAMI BEACH, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when amending.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 13, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PSD <b>CHAIM, KATZMAN</b> <b>1696 NE MIAMI GARDENS DR</b> <b>NORTH MIAMI BEACH, FL 33179</b>			[ ] Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[ ] Change [ ] Addition		
VPD <b>DARON, VALERO</b> <b>1696 NE MIAMI GARDENS DR</b> <b>NORTH MIAMI BEACH, FL 33179</b>			[ ] Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[ ] Change [ ] Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[ ] Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[ ] Change [ ] Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[ ] Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[ ] Change [ ] Addition		
12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all addresses, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TITLE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

11033835



☐ CHECK HERE IF MAKING CHANGES

CR2EC034 (10/02)

Doron Valero, Vice President

4-30-03 309 672-1234