

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095403

1. Entity Name
EQUITY ONE (LANTANA) INC.

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90031 006 ***150.00

Principal Place of Business
~~777 17TH STREET~~
~~PENTHOUSE~~
~~MIAMI BEACH FL 33139~~

Mailing Address
~~777 17TH STREET~~
~~PENTHOUSE~~
~~MIAMI BEACH FL 33139~~



DO NOT WRITE IN THIS SPACE

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, FL

City & State
NORTH MIAMI BEACH, FL

Zip
33179

Country
USA

Zip
33179

Country
USA

4. FEI Number 65-0821687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BLVD.
SUITE 301
AVENTURA 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 ☐ Delete
NAME MARCUS, ALAN J
STREET ADDRESS 20803 BISCAYNE BLVD. STE. 301
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME VALERS, DARON
STREET ADDRESS 777 17TH ST
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☒ Change ☐ Addition
NAME DORON VALERO
STREET ADDRESS 1696 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)