

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90041 049 ***150.00

DOCUMENT # P98000037321

1. Entity Name
EQUITY ONE (BEAUCLERC) INC.

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

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

2. Principal Place of Business

1696 NE Miami Gardens Dr
 Suite, Apt. #, etc.

3. Mailing Address

1696 NE Miami Gardens Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number **65-0843291**

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BLVD., STE. 301
AVENTURA 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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 \$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 **D** ☐ Delete
 NAME **MARCUS, ALAN J**
 STREET ADDRESS **20803 BISCAYNE BLVD., STE. 301**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **P** ☐ Delete
 NAME **KATZMAN, CHAIM**
 STREET ADDRESS **777 17TH ST PH**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **P** ☐ Delete
 NAME **VALERO, DORON**
 STREET ADDRESS **777 17TH ST PH**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **CEO / Treasurer**
KATZMAN, CHAIM
 STREET ADDRESS **1696 NE Miami Gardens Dr**
 CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE ☒ Change ☐ Addition
 NAME **P**
VALERO, DORON
 STREET ADDRESS **1696 NE Miami Gardens Dr**
 CITY-ST-ZIP **North Miami Beach, FL 33179**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 #

305-447-1664

0612/11

CR2E034 (10/00)