

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90939 027 ***150.00

DOCUMENT # P98000038412

1. Entity Name
EQUITY ONE (EL NOVILLO) INC.

C0059800



DO NOT WRITE IN THIS SPACE

Principal Place of Business 777 17TH ST. PH MIAMI BEACH FL 33139	Mailing Address 777 17TH ST. PH MIAMI BEACH FL 33139
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2. Principal Place of Business 1696 NE Miami Gardens Dr. Suite, Apt. #, etc.	3. Mailing Address 1696 NE Miami Gardens Dr. Suite, Apt. #, etc.
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City & State North Miami Beach, FL	City & State North Miami Beach, FL	4. FEI Number 65-0857773	Applied For <input type="checkbox"/>
Zip 33179	Country	Zip 33179	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARCUS, ALAN J
 20803 BISCAYNE BLVD, SUITE 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, ALAN J 20803 BISCAYNE BLVD, SUITE 301 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZMAN, CHINA 777 17TH ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOLERO, DORON 777 17TH ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

Daytime Phone #

305-947-1664

CR2E034 (10/00)