

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044927

1. Entity Name
EQUITY ONE (LOSCO) INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90031 001 ***150.00

Principal Place of Business

**777 17TH ST., PENTHOUSE
MIAMI BEACH FL 33139**

Mailing Address

**777 17TH ST., 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.**

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FLORIDA

Zip

33179

Country

USA

Zip

33179

Country

USA

4. FEI Number

65-0923985

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., STE. 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

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	<input type="checkbox"/> Delete
NAME	MARCUS, ALAN J	
STREET ADDRESS	20803 BISCAYNE BLVD., STE. 301	
CITY-ST-ZIP	AVENTURA FL 33139	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KATZMAN, CHAIM	
STREET ADDRESS	1600 NE MIAMI GARDENS DR STE # 200	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VALERO, DORON	
STREET ADDRESS	777-17TH STREET, PH	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, ALAN J	
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZMAN, CHAIM	
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERO, DORON	
STREET ADDRESS	1696 NE MIAMI GARDENS DR	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)