

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000074408**

1. Entity Name

EQUITY ONE (PINE ISLAND) INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90911 049 ***150.00

0171604

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 Drive
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

Zip

33189

Country

Zip

33179

Country

4. FEI Number

65-0940891

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$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

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 State10. 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., STE 301
AVENTURA FL 33180 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KATZMAN, CHAIM
1600 NE MIAMI GARDENS DR STE #200
MIAMI FL 33179 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
VALERO, DORON
777-17TH STREET PH
MIAMI FL 33139 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO / TREASURER
KATZMAN, CHAIM
1696 NE Miami Gardens Dr
North Miami Beach, FL 33179 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VALERO, DORON
1696 NE Miami Gardens Dr
North Miami Beach, FL 33179 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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)