

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90041 013 \*\*\*150.00

DOCUMENT # P99000100937

1. Entity Name  
EQUITY ONE (LANDING) 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.

City & State  
NORTH MIAMI BEACH, FL  
Zip 33179 Country USA

4. FEI Number 76-0388761  
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 ESQ.  
20803 BISCAYNE BOULEVARD  
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 \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, ALAN J		NAME		
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 301		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZMAN, CHAIM		NAME	KATZMAN, CHAIM	
STREET ADDRESS	1600 NE MIAMI GARDENS DR. STE 200		STREET ADDRESS	1696 N.E. MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERO, DORON		NAME	VALEDO, DORON	
STREET ADDRESS	777-17TH ST PH		STREET ADDRESS	1696 N.E. MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33139		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)