FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 05, 2004 8:00 am Secretary of State

U	MIFORM BUSIN	E33 NEPU	n = (Ui	on,		Secreta	iry or	State	
1. Entity Nam		/			08-05-2004	90004 044	***150.00		
TEQL	JESTA CORPORATIO								
	DO NOT WRITI	E IN THIS	SPAC	E					
2. Principal Place of Business 12620 SW 107 AVENUE		3. Mailing Address 12620 SW 107 AVENUE				54066957			
Suite, Apt. #. etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State MIAMI, FL		City & State MIAMI, FL			4. FE	Number		Applied For Not Applicable	
33176	Country Zip USA 33176		Coun USA		5 . C∈	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	4-4-1-		د الحق المستهيمية المست		7. Nam	e and Address of Current	Registered Ag	ent	
				Name SU	^{me} SULLIVAN, ANNEIL H.				
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS S	ACE		12620 SW 107 AVE					
			- City MIAN		/ II		FL	Zip Code 33186	
the obligat	named entity submits this statement tions of registered agent. Signature, speed or printee name of registered agentuary 1 - May 1 Fee is \$150.00	•	-	d Agent signature red	-		DATE		
Make Check	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department					Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS							
NAME_ STREET ADDRESS_ CITY-ST-ZIP	SULLIVAN, DANIEL J., S 12620 SW 107 AVENUE MIAMI, FL 33176	SECRETARY	H H	1					
TITLE NAME STREET ADDRESS	SULLIVAN, ANNEIL H., DIRECTOR 12620 SW 107 AVENUE			E ET ADDRESS			1		
CITY-ST-ZIP TITLE	WITAIVII, I E 33 17 0		TITLE	-ST-ZIP					
NAME	:		NAM	E					
STREET ADDRESS CITY-ST-ZIP		یا√نیس ۱۰ سعد ماند ایس ۲۰۰۰	u	ET ADORESS	m	TOM OD	WRIT	F- '	
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CITY-ST-ZIP			מוזץ	-ST-ZIP					
TITLE			TITLE					LLA TIME	
NAME STREET ADDRESS			MAM Stre	E Et address					
011¥-81-ZIP			11	-ST-ZIP			-		

12. Thereby certify that the information supplies with this filling 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 point is true and accurate as if 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 bestee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/06/04

305-238-5330

Daysine Phone #

Attachment 54016957

July 13, 2004

Florida Department of Revenue 5050 W. Tennessee Street Tallahassee, FL 32399-0100

Re: Tequesta Corporation

Corp #: 566108

Form: Annual Business Report

Year: 2004

Dear Sir or Madam:

I am the accountant for the above referenced taxpayer and am in receipt of your notice requesting a completed Uniform Business Report for 2004. The notice indicates that the taxpayer failed to file the Uniform Business Report in a timely fashion and thus owes a penalty.

Please be advised that the taxpayer did not receive notice in the mail that a report was due. Also be advised that the taxpayer has consistently paid the filing fee indicated in the past and has always made every effort to comply with all Department of Revenue requirements.

In light of the above information, I request that you abate the penalty for late filing assessed. Taxpayer is remitting the completed report and the \$150 yearly filing fee with this letter.

Should you have any further questions, please do not hesitate to contact my office at 305-860-5129.

-Very truly yours,

Marshall Van Smith, CPA

Enclosures

Cc: Daniel J. Sullivan