

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90054 021 ****61.25

DOCUMENT # 712111

1. Entity Name

SIXTH MOORINGS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

18555 N.E. 14TH AVENUE
NORTH MIAMI BEACH FL 33179

18555 N.E. 14TH AVENUE
NORTH MIAMI BEACH FL 33179-4800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1204711

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CALABRIA, ARNOLD
18555 NE 14 AVE
N MIAMI BCH, FL
33179

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

Robert Kushner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WASSERMAN, PHYLLIS	
STREET ADDRESS	18555 NORTHEAST 14 AVE.	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALABRIA, ARNOLD	
STREET ADDRESS	18555 NORTHEAST 14 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GOCH, GERALD	
STREET ADDRESS	18555 NORTHEAST 14 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINBERG, PEGGY	
STREET ADDRESS	18555 NE 14 AVE	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	REICHER, MORRIS	
STREET ADDRESS	18555 NORTHEAST 14 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISEN, R	
STREET ADDRESS	18555 NE 14 AVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, Phyllis	
STREET ADDRESS	18555 N.E. 14th Ave. #514	
CITY-ST-ZIP	N.M.B., FL. 33179	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REVA BEHR	
STREET ADDRESS	18555 N.E. 14th Ave. #713	
CITY-ST-ZIP	NMB., FL. 33179	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUSHNER, ROBERT	
STREET ADDRESS	18555 NE 14th Ave. #719	
CITY-ST-ZIP	NMB., 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		

i2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Kushner **ROBERT KUSHNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)