

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712111

1. Entity Name

SIXTH MOORINGS CONDOMINIUM, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	WASSERMAN, PHYLLIS	
STREET ADDRESS	18555 NE 14TH AVE #514	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CALABRIA, ARNOLD	
STREET ADDRESS	18555 NORTHEAST 14 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BEHR, REVA	
STREET ADDRESS	18555 NE 14TH AVE, #713	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KUSHNER, ROBERT	
STREET ADDRESS	18555 NE 14TH AVE #719	
CITY-ST-ZIP	N MIAMI BEACH 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	BRUMMER, LUDWIG	
STREET ADDRESS	18555 NE 14 AVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Goeh	
STREET ADDRESS	18555 NE 14th St #706	
CITY-ST-ZIP	N Miami Bch, FL 33179	
TITLE	DT	<input checked="" 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		
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		

12. 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:

Arnold Calabria

1/14/02

305-947-8920

FILED  
Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90113 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1204711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/01)