

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90128 028 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1204711**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALABRIA, ARNOLD  
18555 NE 14 AVE  
N MIAMI BEACH 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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete  
NAME **WASSERMAN, PHYLLIS**  
STREET ADDRESS **18555 NE 14TH AVE #514**  
CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **Quinto Sessegio**  
STREET ADDRESS **18555 N.E. 14 AVE #620**  
CITY-ST-ZIP **N-Mia Bch, FL 33179**

TITLE **VP** ☐ Delete  
NAME **CALABRIA, ARNOLD**  
STREET ADDRESS **18555 NORTHEAST 14 AVE**  
CITY-ST-ZIP **N MIAMI BCH FL**

TITLE **D** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
NAME **GERALD, GOCH**  
STREET ADDRESS **18555 NE 14 ST #706**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **DP** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **KUSHNER, ROBERT**  
STREET ADDRESS **18555 NE 14TH AVE #719**  
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE **D** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **REICHER, MORRIS**  
STREET ADDRESS **18555 NORTHEAST 14 AVE**  
CITY-ST-ZIP **N MIAMI BCH FL**

TITLE **DT** ☐ Change ☒ Addition  
NAME **MARIA A. OAKES**  
STREET ADDRESS **18555 NE 14 AVE.**  
CITY-ST-ZIP **N-Mia Bch - FL 33179**

TITLE **D** ☒ Delete  
NAME **BRUMMER, LUDWIG**  
STREET ADDRESS **18555 NE 14 AVE**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE  ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/03/03*  
Date

*Treasurer*  
Position

CR2E037 (10/02)