

2001 UNIFORM BUSINESS REPORT (UBR)

0003614 AF

DOCUMENT # **A97000001837**

1. Entity Name
TEQUESTA KNOLL APARTMENTS, LTD.

Principal Place of Business
**300 NW 12TH AVENUE
MIAMI FL 33128**

Mailing Address
**300 NW 12TH AVENUE
MIAMI FL 33128**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**MARTORANO, SAL
300 NW 12TH AVENUE
MIAMI FL 33128**

4. FEI Number **65-0808297** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$101.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P97000064534
NAME	GMN-TEQUESTA, INC.
STREET ADDRESS	300 NW 12TH AVENUE
CITY-ST-ZIP	MIAMI FL 33128
DOCUMENT #	P97000041405
NAME	ANI-TEQUESTA, INC.
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 202
CITY-ST-ZIP	COCONUT GROVE FL 33133
DOCUMENT #	N09210
NAME	GREATER MIAMI NEIGHBORHOODS, INC.
STREET ADDRESS	300 NW 12TH AVENUE
CITY-ST-ZIP	MIAMI FL 33128
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	788884334147-1
CITY-ST-ZIP	-05/30/01--01032--020
	****150.00 ****150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/30/01** Daytime Phone # **305 324 5505**

CR2E003 (11/00)

FILED

01 MAY -3 PM 12:07



DO NOT WRITE IN THIS SPACE