

2000 UNIFORM BUSINESS REPORT (UBR)

UX1743 AF

DOCUMENT # L99000001266

1. Entity Name
TEQUESTA MORTGAGE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:20

Principal Place of Business
7900 RED ROAD, PENTHOUSE
SOUTH MIAMI FL 33143

Mailing Address
7900 RED ROAD, PENTHOUSE
SOUTH MIAMI FL 33143-5522



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7900 Red Road Penthouse
Suite, Apt. #, etc.

3. Mailing Address
7900 Red Road Penthouse
Suite, Apt. #, etc.

City & State
South Miami Florida

City & State
S. Miami Florida

Zip
33143

Country
U.S.

Zip
33143

Country
U.S.

4. FEI Number
65-0899900

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MYRTETUS, PETER C
7900 RED ROAD, PENTHOUSE
SOUTH MIAMI FL 33143

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MYRTETUS, JOSEPH W 6951 S.W. 94TH STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MYRTETUS, PETER C 6745 SW 96TH STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	BLT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	300003183850-01114-011 *****\$5.00 *****\$5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JOSEPH W. MYRTETUS
JOSEPH W. MYRTETUS
MANAGING MEMBER OR MANAGER

3/10/00
Date

305-685-5777
Daytime Phone #

CR2E083 (9/99)