

# 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*

3. Mailing Address  
*7900 Red Road Penthouse*

City & State  
*South Miami Florida*

City & State  
*S. Miami Florida*

Zip  
*33143*

Country  
*U.S.*

4. FEI Number  
*65-0899900*

Applied For  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<b>BLT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300003183850</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>-03/24/00--01114--011</b> <b>*****\$5.00 *****\$5.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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

Date: *3/10/00*  
Daytime Phone #: *305-668-5777*

CR2E083 (9/99)