

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000008082

1. Entity Name

QUAYSIDE REALTY, LLC

00 MAY 22 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15107 MEMORIAL HIGHWAY
MIAMI FL 33169

Mailing Address

15101 MEMORIAL HIGHWAY
MIAMI FL 33169-6704



2. Principal Place of Business

12555 Biscayne Blvd.

3. Mailing Address

12555 Biscayne Blvd.

Suite, Apt. #, etc.

#462

Suite, Apt. #, etc.

#462

DO NOT WRITE IN THIS SPACE

City & State

North Miami, Florida

City & State

North Miami, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33181 U.S.A.

Zip

Country

33181 U.S.A.

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANT, JON

15101 MEMORIAL HIGHWAY
MIAMI FL 33169

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 ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
Manager Jon Kant
12555 Biscayne Blvd. #462
N. Miami, Florida 33181

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
Manager Jane L. De Blasio
2000 Towerside Terrace, #1611
Miami, Florida 33138

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
400003283474--5
-06/09/00--01100--012
*****55.00 *****55.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED Manager

05-01-00

305-940-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR203 (1/00)