

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002957

1. Entity Name

ONE TEQUESTA POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

888 BRICKELL KEY DRIVE
MIAMI FL 33131

Mailing Address

888 BRICKELL KEY DRIVE
MIAMI FL 33131-2603

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

65-0592929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALLICHE, ANTHONY
5201 BLUE LAGOON DR
SUITE 100
MIAMI FL 33126

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	VOS, JOSEPH	
STREET ADDRESS	1508 888 BRICKELL KEY DR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	☐ Delete
NAME	LEANDRO, LEAL	
STREET ADDRESS	1202-888 BRICKWELL KSY DR.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	STD	☒ Delete
NAME	GLUSS, LYDIA	
STREET ADDRESS	511-888 BRICKWELL KEY DR.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☒ Addition
NAME	CARVALHO, JOAO	
STREET ADDRESS	UNIT 1803 - 888 BRICKELL KEY DR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VD	☐ Change ☐ Addition
NAME	LEAL, LEANDRO	
STREET ADDRESS	1202-888 BRICKWELL KEY DR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VD	☐ Change ☒ Addition
NAME	WILLIAMS, SUSAN	
STREET ADDRESS	UNIT 1911 - 888 BRICKELL KEY DR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	TD	☐ Change ☒ Addition
NAME	BORRQUEZ, JORGE	
STREET ADDRESS	UNIT 2802 - 1988 BRICKELL KEY DR.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SD	☐ Change ☐ Addition
NAME	KASEN, SUSAN	
STREET ADDRESS	UNIT 1904 - 888 BRICKELL KEY DR	
CITY-ST-ZIP	MIAMI, FL 33131	
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 agent 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/00

Date

(305) 358-8850

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90212 042 ****61.25



DO NOT WRITE IN THIS SPACE