2001 UNIFORM BUSINESS REPORT (UBR)

	1 UNIFORM BUS		RT (UE	BR)	Feb 09, 2	LED 001 8:00 am	
1. Entity Name					Secretary of State		
ONE T	EQUESTA POINT CONDOMIN	IUM ASSOCIATION, I	NC.			0006 016 ****61.25	
Principal Pla	ice of Business	Mailing Address					
888 BRICKELL KEY DRIVE MIAMI FL 33131		888 BRICKELL KEY DRIVE MIAMI FL 33131		,			
				1111	I		
2. Principal Place of Business		3. Mailing Address			(1)	1417 23 1110 14240 14241 25141 4 53 1 4 53 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Numb	4. FEI Number 65-0592929 Applied For Not Applicable		
Zip ————	Country	Zip	Country	5. Certificate of Status Desired See Required \$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			Street Address (P.O. Box Number is Not Acceptable)				
SUITE 10 MIAMI FL	- -	City				Zip Code	
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	9. Election Campaign Trust Fund Contribu	Financing	\$5.00 May Be Added to Fees		k Payable to ent of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOS, JOSEPH 1508 888 BIRCKELL KEY DR MIAMI FL 33131	Stelets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30A0 L.	CARVALHO YU KEY DR #	Change Addition So	
TITLE VAME STREET ADDRESS CITY-ST-ZIP	VD LEANDRO, LEAL 1202-888 BRICKWELL KSY DR. MIAMI.FL 33131	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORGE BO	ten Key DR t	PRESIDENT Signal Change	
ITLE MAME STREET ADDRESS CITY-ST-ZIP	STD GLUSS, LYDIA 511-888 BRICKWELL KEY DR. MIAMI FL 33131	SQ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMES-SI	65BEE KEIL KEY DR. F	☐ Change 🙀 Addition	
TTLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Defete	NAME STREET ADDRESS CITY-ST-ZIP	BERTHA A 888 BRIG	RCHER KELL NEV DR.	Change & Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	LEAL FULKEY DR. #	ECRETALY Strange	
TITLE IAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI F	L 33131	Change Addition	
2. I hereby condition indicated of the corporated,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an atlachment with an aberess, w	this filing does not qualify for t true and accurate and that m wered to execute this report a lth all other like empowered.		ted in Section 119.07(3)(in ave the same legal effect apter 617, Fiorida Statutes), Florida Statutes, I further of t as if made under oath; that s; and that my name appear	ertify that the information I am an officer or director s in Block 10 or Block 11 if	