

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000021311**

1. Entity Name

TEQUESTA ENTERPRISES, INC.

Principal Place of Business

**4100 N MIAMI AVE STE 100
MIAMI FL 33127**

Mailing Address

**4100 N MIAMI AVE STE 100
MIAMI FL 33127**

2. Principal Place of Business

3055 Harbor Drive #1002

3. Mailing Address

3055 Harbor Drive #1002

Suite, Apt. #, etc.

1002

Suite, Apt. #, etc.

1002

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0425906

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOVAERT, GUI
4100 N MIAMI AVE STE 100
MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name

Daniel M. Landis, Esq.

Street Address (P.O. Box Number is Not Acceptable)

980 North Federal Hwy., Suite 302

City

Boca Raton**FL**Zip Code
33432

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

2/12/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VERHEYEN, ANDRE	
STREET ADDRESS	4100 N MIAMI AVE STE 100	
CITY-ST-ZIP	MIAMI FL 33127	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOVAERT, GUI	
STREET ADDRESS	4100 N MIAMI AVE STE 100	
CITY-ST-ZIP	MIAMI FL 33127	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOVAERT, ALICE	
STREET ADDRESS	4100 N MIAMI AVE STE 100	
CITY-ST-ZIP	MIAMI FL 33127	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, P, VP, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Verheyen, Andre	
STREET ADDRESS	3055 Harbor Drive #1002	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90014 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)