

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010921

1. Entity Name
ALTERA GLOBAL ASSET MANAGEMENT, L.L.C.

Principal Place of Business
1245 WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

Mailing Address
1245 WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. 301

Suite, Apt. #, etc. 301

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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 *David A. Russo*
Signature, typed or printed name of registered agent and title if applicable.

SECRETARY/TREASURER
(NOTE: Registered Agent signature required when reinstating)

4-23-01
DATE

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

100004212551--7
-05/11/01--01116--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME PRESIDENT
STREET ADDRESS DAVID A. RUSSO
CITY-ST-ZIP 1245 W. FAIRBANKS AVE STE 301
WINTER PARK FL 32789

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

TITLE ☐ Delete
NAME SECRETARY
STREET ADDRESS BENJ LALIB
CITY-ST-ZIP 1245 W. FAIRBANKS AVE STE 301
WINTER PARK, FL 32789

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *David A. Russo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-01 407-628-5005
Date Daytime Phone #

FILED
01 APR 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

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CR2E083 (11/00)