

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009084

1. Entity Name
TELEBOOK INVESTMENTS L.L.C.

Principal Place of Business
407 LINCOLN ROAD, SUITE 2A
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD, SUITE 2A
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address Michael Gleissner
c/o Patchen, Canner, Brody

Suite, Apt. #, etc.

Suite, Apt. #, etc.
12340 N.E. 6 Court

City & State

City & State
Miami, Florida 33161

Zip

Country

Zip

Country

4. FEI Number

52-2301931

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRATTON, DOUGLAS D
407 LINCOLN ROAD, SUITE 2A
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Alan E. Krinzman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
c/o Rollnick & Linden, P.A.

133 Sevilla Avenue

City Coral Gables

FL

Zip Code
33134

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

5/23/01

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME GLEISSNER, MICHAEL
STREET ADDRESS 429 NORTH HIBISCUS DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

Manager
NAME Alan E. Krinzman
STREET ADDRESS 133 Sevilla
CITY-ST-ZIP Coral Gables, Florida 33134 ☐ Change ☒ Addition

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

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

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

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

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

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

Alan E. Krinzman, 5/23/01 (305) 444-7800
Manager

Date

Daytime Phone #

CR2E083 (11/00)

0001043 AF

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE