

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001957

1. Entity Name

TELLURIDE HOLDINGS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 10:21

Principal Place of Business

800 DOUGLAS ROAD
LA PUERTA DEL SOL-STE 245
CORAL GABLES FL 33134

Mailing Address

800 DOUGLAS ROAD
LA PUERTA DEL SOL-STE 245
CORAL GABLES FL 33134-3125



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865944

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD., STE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME CASSEL, JAMES S
STREET ADDRESS 800 DOUGLAS ROAD - SUITE 245
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGRM ☐ Delete
NAME SALPETER, SCOTT E
STREET ADDRESS 800 DOUGLAS ROAD - SUITE 245
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGRM ☐ Delete
NAME STEINER, BARRY E
STREET ADDRESS 800 DOUGLAS ROAD - SUITE 245
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/18/00 (305) 446-2016

CR2E083 (9/99)