

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000395

1. Entity Name
ORINOCO PARTNERS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 31 PM 1:25

Principal Place of Business
313 1/2 WORTH AVENUE, SUITE B-3
PALM BEACH FL 33480

Mailing Address
313 1/2 WORTH AVENUE, SUITE B-3
PALM BEACH FL 33480-4669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3469223

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

SPEARS LEADS & KELLOG
5550 GLADES ROAD- SUITE 305
BOCA RATON FL 33431

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

10. ADDITIONS / CHANGES

TITLE NAME MGRM
ALTMAN, ROBERT ☐ Delete
STREET ADDRESS 185 EAST 85TH STREET APT. 17H
CITY-ST-ZIP NEW YORK NY 10028

TITLE NAME MGRM ☒ Change ☐ Addition
ALTMAN, ROBERT
STREET ADDRESS 313 1/2 Worth Avenue Suite B-3
CITY-ST-ZIP Palm Beach, FL 33480

TITLE NAME MGR
ALTMAN, ROBERT ☐ Delete
STREET ADDRESS 185 EAST 85TH STREET APT. 17H
CITY-ST-ZIP NEW YORK NY 10028

TITLE NAME MGRM ☒ Change ☐ Addition
WEITZ, ETHAN
STREET ADDRESS 313 1/2 Worth Avenue Suite B-3
CITY-ST-ZIP Palm Beach, FL 33480

TITLE NAME MGRM
WEITZ, ETHAN ☐ Delete
STREET ADDRESS 185 EAST 85TH STREET APT. 17H
CITY-ST-ZIP NEW YORK NY 10028

TITLE NAME ☐ Change ☐ Addition
100003350061-1
-08/08/00-01098-014
*****50.00 *****50.00

TITLE NAME MGR
WEITZ, ETHAN ☐ Delete
STREET ADDRESS 185 EAST 85TH STREET APT. 17H
CITY-ST-ZIP NEW YORK NY 10028

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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

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

Date

Daytime Phone #

CR2E083 (9/99)