

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001065

1. Entity Name

TELESTE EDUCATIONAL, LLC

Principal Place of Business

300 Galen Drive, #430
Key Biscayne, FL 33149

Mailing Address

300 Galen Drive, #430
Key Biscayne, FL 33149

2. Principal Place of Business

240 Crandon Blvd., Suite 203-B
Key Biscayne, FL 33149

3. Mailing Address

240 Crandon Blvd., Suite 203-B
Key Biscayne, FL 33149

City & State

Key Biscayne, FL 33149

City & State

Key Biscayne, FL 33149

Zip
33149

Country
U.S.

Zip
33149

Country
U.S.

4. FEI Number

65-0904770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. Biscayne Blvd., Suite 1500
Miami, FL 33131 U.S.

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR Tuomo Lehtovirta 300 Galen Drive, #430 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Antti Salminen 240 Crandon Blvd., Ste. 203-B Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Antti Salminen, Managing Member

April 25, 2000 (305)361-0020

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

Date

Daytime Phone #

FILED

00 MAY 17 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

WLS/17