

2001 UNIFORM BUSINESS REPORT (UBR)

0011013 AF

DOCUMENT # M00000001405

1. Entity Name
STRATASYS EQUIPMENT, LLC

FILED

01 MAY -3 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
CAPITAL PLAZA I
10700 N KENDALL DR., SUITE 205
MIAMI FL 33176

Mailing Address
CAPITAL PLAZA I
10700 N KENDALL DR., SUITE 205
MIAMI FL 33176



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
SUITE 400

Suite, Apt. #, etc.
SUITE 400

City & State

City & State

4. FEI Number
65-1022596

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 NO. W!!! FEE IS \$50.00
Make Check Payable to Department of State

700004336807--8
-05/31/01--01093--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CAPITAL PLAZA I
10700 N KENDALL DRIVE, SUITE 205
MIAMI FL 33176 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DOMINICK C PASLAIANO
10700 N KENDALL DRIVE SUITE 400
MIAMI, FL 33176 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CAO
HOWARD CANTOR
10700 N KENDALL DRIVE SUITE 400
MIAMI, FL 33176 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01 305-777-1047
Date Daytime Phone #

CR2E083 (11/00)