

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001406

1. Entity Name  
STRATASYS GROUP, LLC

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

10700 N KENDALL DR.

3. Mailing Address

10700 N. KENDALL DR.

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-1022629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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.

(NOT: 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 MGR ☒ Delete  
NAME CAPITAL PLAZA I  
STREET ADDRESS 10700 N KENDALL DR., SUITE 205  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 CEO ☐ Change ☒ Addition  
NAME DOMINICK C. PORLAPIANO  
STREET ADDRESS 10700 N. KENDALL DR. SUITE 400  
CITY-ST-ZIP MIAMI, FL 33176

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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)(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:

OSCAR A. BEVERA

Date

4-30-01

Daytime Phone #

305.77.1099

APPROVAL  
AND  
FILED

01 MAY -3 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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