

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90051 049 ***150.00

DOCUMENT # **P96600074505**

Entity Name

TELLURIDE GROUP, INC.

Principal Place of Business

Mailing Address

8150 MIZNER LANE
BOCA RATON, FL 33433
656650

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		650708681		☐ Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
EMO CORPORATE SERVICES, INC. 100 NORTHEAST THIRD AVENUE SUITE 1100 FORT LAUDERDALE, FL 33301-1146				Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code			

DO NOT WRITE IN THIS SPACE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)



10. Election Campaign Financing
 Trust Fund Contribution.



\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP
	D/P/S/T				
	Robert L. CARBERRY	810 MIZNER LANE			
	BOCA RATON, FL 33433				
	☐ Delete			☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP
	☐ Delete			☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP
	☐ Delete			☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP
	☐ Delete			☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS CITY-STATE-ZIP
	☐ Delete			☐ Change	☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12.

SIGNATURE

Robert L. Carberry President (425) 837-1023

State