2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2001 8:00 am DOCUMENT # P96000074505 **Secretary of State** The Telluride Group, Inc 05-30-2001 90033 015 ***150.00 6494 Northwest 32nd Way A0072236 Boca Raton, FL 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 6494 NW 32ND WAY 6894 NW 31NO WAY 4. FEI Number Applied For 6507086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMO CORPORATE SERVICES Street Address (P.O. Box Number is Not Acceptable) 100 NONTHEAST THIRD AUE SUTTE 1100 Zip Code City FL FORT LAUDERDALE FL 3330! 8. The above named entity submits this statement for the purpose of changing it: registered office or registered agent, or both, in the State of Florida. SIGNATURE (NO E: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW IT FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00) Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payage to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. MR/ CHAIRMAN Change Addition Delete TITI F TITLE NAME ROBERT CARBERRY STREET ADDRESS STREET ADDRESS BOCA RATION FL 33496 CITY-ST-ZIP CITY-ST-71P ☐ Change Addition TITLE TITLE ☐ Delete DIRECTOR NAME NAME GREG CARBEERY LYGY NW 32 WAY BOCA RAPIN FL 33496 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE DIRECTOR NAME AST CHRESTOPHER CARBERRY STREET ADDRESS STREET ADDRESS YOU LAKE WASHINGTON LINK LAND WA 98033 BLUDOE CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE FCRETARY NAME NAME TENNS, FED TKACHYK STREET ADORESS STREET ADDRESS SAME) CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIF CITY-ST-ZIP Change Addition ☐ Delete TITLE

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 if

NAME

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Date: May 23, 2001

To:

Florida Secretary of State

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

From:

Robert L. Carberry

The Telluride Group 6494 NW 32 Way

Boca Raton, Florida 33496

To Whom It May Concern:

Enclosed please find a completed 2001 Uniform Business Report form and associated \$150.00 filing fee. I have been unable to respond to the filing date because of being on extended travel and not being in Florida for the last six weeks.

Thank you for your assistance.

Sincerely,

Robert L. Carberry

The Telluride Group