

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90030 005 \*\*\*150.00

**DOCUMENT # P96000074505**

1. Entity Name

**The Telluride Group, Inc.**

**DO NOT WRITE IN THIS SPACE**

**651696**

2. Principal Place of Business

**6494 NW 32nd Way**

Suite, Apt. #, etc.

3. Mailing Address

**6494 NW 32nd Way**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Boca Raton, Florida**

City & State

**Boca Raton, Florida**

4. FEI Number

**650708681**

Applied For

Not Applicable

Zip

**33496**

Country

**USA**

Zip

**33496**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

**Redgrave & Turner, LLP**

(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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman Robert L. Carberry 6494 NW 32nd Way, Boca Raton, FL 33496</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Greg Carberry 6494 NW 32nd Way, Boca Raton, FL 33496</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Christopher Carberry Apt. J, 5404 Lake Washington Blvd Kirkland, WA 98033</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Jennifer Tkachyk 66 Valencia Ave, #203 Coral Gables, FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jennifer Tkachyk/Secretary**

**04/23/02**

Date

Daytime Phone #

CR2E034B (12/01)