

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759953

1. Entity Name

TRIANON EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2600 N.E. 135TH STREET
N MIAMI FL 33181

Mailing Address

2600 N.E. 135TH STREET
N MIAMI FL 33181

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PERRAULT, JACKSON
2600 NE 135 ST
#2C
NORTH MIAMI FL 33181

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERRAULT, JACKSON
STREET ADDRESS 2600 NE 135TH STREET UNIT 2C
CITY-ST-ZIP N. MIAMI FL 33181-3536 ☐ Delete

TITLE VD
NAME DUBOIS, ROBERT C
STREET ADDRESS 2600 NE 135TH STREET UNIT 3B
CITY-ST-ZIP N. MIAMI FL 33181-5502 ☒ Delete

TITLE TD
NAME GITTLEMAN, RICHARD
STREET ADDRESS 2600 NE 135TH STREET UNIT 2J
CITY-ST-ZIP N. MIAMI FL 33181-3537 ☐ Delete

TITLE SD
NAME ZAHNISER, CAROL
STREET ADDRESS 2600 NE 135TH STREET UNIT 3G
CITY-ST-ZIP N. MIAMI FL 33181-2572 ☐ Delete

TITLE TD
NAME GITTLEMAN, RICHARD
STREET ADDRESS 2600 NE 135 ST., UNIT 2J
CITY-ST-ZIP N. MIAMI FL ☐ Delete

TITLE MD
NAME ZAHNISER, CAROL
STREET ADDRESS 2600 NE 135., 3G
CITY-ST-ZIP N. MIAMI FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP
NAME CDDY PEREZ
STREET ADDRESS 2600 NE 135TH ST #2E
CITY-ST-ZIP N. MIA. 33181- ☒ Change ☐ Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90123 030 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2103161

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/01)

2/1/02 305-947-5287