2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000014675 FILED TRIDAN PROPERTIES, INC. 00 SEP 20 PM 3: 33 Principal Place of Business Mailing Address 407 LINCOLN RD. MALL 2383 FLAMINGO DR. STE. 7 #10 H MIAMI BCH, FL 33140-4683 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0613470 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRIANA, BARBARA Street Address (P.O. Box Number is Not Acceptable) 2883 FLAMINGO DRIVE STE 7 MIAMI BEACH FL 33140 City Mizmi Beach 8. The above named ionits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Barbara Iriana re, typed or printed name of legistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition TRIANA, BARBARA NAME NAME 700003419937 STREET ADDRESS 2383 FLAMINGO DR. #7 STREET ADDRESS -10/10/00--01009--015 CITY-ST-7IP MIAMI BCH. FL 33140 CITY-ST-7IP \*\*\*\*150.00 \_\*\*\*\*150.00 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE \_ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP шл ☐ Delete ☐ Change Addition NAME STREST ADDRESS

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 supplied 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

305-672-1441

☐ Change

☐ Addition

## **Tridan Properties, Inc.**

407 Lincoln Road #10H Miami Beach, Florida 33139 305-672-1441 office 305-672-1408 facsimile 888-838-1441 toll-free

tridan@bellsouth.net e-mail

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September 13, 2000

State of Florida
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: 2000 UNIFORM BUSINESS REPORT: LOST IN TRANSIT

To whom it may concern:

Enclosed please find a copy of my original 2000 Report, which I mailed along with my check, on April 1, 2000 for the filing of my corporation.

I assumed that the my report and check had been received and processed, and only discovered that it wasn't when I logged onto the web site the other day. PLEASE waive the penalty, and accept my replacement check in the amount of \$150.00 as payment in full of the filing fee for the year. In small business, every bit helps!

I thank you in advance for your assistance in this matter, if you require any additional information, do not hesitate to contact me.

On Servery,

Barbara Triana

President

Tridan Properties, Inc.