

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L-15396

1. Entry Name

TRIANGLE ENERGY LLC

FILED

Apr 02, 2001 8:00 A.M.
Secretary of State

Principal Place of Business

Mailing Address

19470 N.W. 8th Street (SAME)
Pembroke Pines, FL 33029

2. Principal Place of Business

19470 N.W. 8 STREET

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL 33029

City & State

4. FEI Number

65-1054229

Applied For

Not Applicable

Zip

Country

33029

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AURELIO A. PIEDRA, CPA
780 N.W. LEJEUNE RD.
SUITE 516
MIAMI, FL 33126

Name
AURELIO A. PIEDRA
Street Address (P.O. Box Number is Not Acceptable)
780 N.W. LE JEUNE RD.
SUITE 516
City MIAMI FL Zip Code 33126

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

X *[Signature]*

CPA

3/13/01

Signature, Name, and Address of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when filing)

DATE

FILE NOW!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	OPERATING MANAGER	☐ Delete
NAME	CLEMENTE J. CRUZ	
STREET ADDRESS	19470 N.W. 8 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	VICE OPERATING MGR	☐ Delete
NAME	CLEMENTE E. CRUZ	
STREET ADDRESS	19470 N.W. 8 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	SECRETARY	☐ Delete
NAME	JACQUELINE CRUZ	
STREET ADDRESS	19470 N.W. 8 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	TREASURER	☐ Delete
NAME	TERESA CRUZ	
STREET ADDRESS	19470 N.W. 8 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		☐ Delete
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X *Clemente Cruz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

3/13/01 305-443-7122

CR2E03 (1/00)

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*****55.00 *****00