

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90010 018 \*\*\*150.00

**DOCUMENT # P01000111691**

1. Entity Name

**TRIANA FURNITURE, INC.**

Principal Place of Business

**1382 SE 9 CT #102  
HIALEAH FL 33010**

Mailing Address

**1382 SE 9 CT #102  
HIALEAH FL 33010**

2. Principal Place of Business

**1382 SE 9 CT**

3. Mailing Address

**1382 SE 9 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hialeah FL**

City & State

**Hialeah FL**

Zip

**33010**

Country

Zip

**33010**

Country

4. FEI Number

**65-1154512**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TRIANA, ABISAI M  
20 W 8 ST #11  
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name **Abisai M. Triana**

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

**1382 SE 9 CT**

City **Hialeah**

**FL**

Zip Code **33010**

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

**Abisai Moises Triana**

**3-13-02**

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**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 **DP** ☒ Delete  
NAME **TRIANA, ABISAI M**  
STREET ADDRESS **20 W 8 ST #11 H**  
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
NAME **TRIANA, ABISAI M**  
STREET ADDRESS **1382 SE 9 CT**  
CITY-ST-ZIP **Hialeah FL 33010**

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

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

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

SIGNATURE:

**Abisai Moises Triana**

**3-13-02 (786)452-7477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)