# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARCOS FINTZ

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# V03765 Entity Name: TRIANGLE MANAGEMENT & INVESTMENT CORP.

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

4900 HOLLYWOOD BLVD HOLLYWOOD, FL 33021

#### **Current Mailing Address:**

P.O. BOX 813788 HOLLYWOOD, FL 33081

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

4900 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US

#### SIGNATURE:

**Officer/Director Detail :** Title Μ Title D Name FINTZ, MARCOS Name FINTZ, ESTHER Address 4900 HOLLYWOOD BLVD Address 4900 HOLLYWOOD BLVD City-State-Zip: HOLLYWOOD FL 33021

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.

MANAGER

02/08/2024 Date

FILED Feb 08, 2024 Secretary of State 8111070247CC

Date

Certificate of Status Desired: No

City-State-Zip: HOLLYWOOD FL 33021

FEI Number: 65-0316621

MARCOS FINTZ