

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005892

1. Entity Name

TRIAK SERVICES CORP

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90313 030 \*\*\*150.00

Principal Place of Business

7 HANOVER SQ  
4TH FLOOR  
NEW YORK NY 10004  
US

Mailing Address

7 HANOVER SQUARE, 4TH FLOOR  
NEW YORK NY 10004  
US

2. Principal Place of Business

90 Hudson St.  
Suite, Apt. #, etc.  
5th Floor

3. Mailing Address

90 Hudson St.  
Suite, Apt. #, etc.  
5th Floor

City & State

Jersey City, NJ

City & State

Jersey City, NJ

Zip

07302

Country

USA

Zip

07302

Country

USA

4. FEI Number

13-3594912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES INC  
526 E PARK AVE  
TALLAHASSEE FL 32301

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PC MARINO, DENNIS 7 HANOVER SQ 4TH FLOOR NEW YORK NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MORANO, VINCENT 7 HANOVER SQ 4TH FL NEW YORK NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HALL, KATHERINE 7 HANOVER SQ, 4TH FLOOR NEW YORK NY 10004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MAURIELLO, GLEN 7 HANOVER SQ 14 TH FLOOR NEW YORK NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAH, SAMIR 7 HANOVER SQUARE, 4TH FLOOR NEW YORK NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHARENOW, GREGG 7 HANOVER SQ 4TH FL NEW YORK NY 10004	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark A. Crosson 90 Hudson St. 5th Floor Jersey City, NJ 07302	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

201-209-7051

Daytime Phone #

CR2E034 (10/00)