

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006437

1. Entity Name

TRIANGLE CARGO SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90094 029 ***150.00

Principal Place of Business

Mailing Address

~~100 E. LINTON BLVD., STE. 404B~~
~~DELRAY BEACH FL 33431~~

~~100 E. LINTON BLVD., STE. 404B~~
~~DELRAY BEACH FL 33435-0041~~

2. Principal Place of Business

1220 So FEDERAL HWAY

3. Mailing Address

1220 So FEDERAL HWAY

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

66-0526654

Applied For

Not Applicable

Zip

33435

Country

Zip

33435

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASAINI, SERGIO JR.
13 MEADOWS PARK LANE
BOYNTON BEACH FL 33462

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]

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

(NOTE: Registered Agent signature required when reinstating)

[Signature] 4/25/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
CASAINI, SERGIO JR.
13 MEADOWS PARK LANE
BOYNTON BEACH FL 33462 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
GUASTO, SALVATORE
2401 NW 69 ST.
MIAMI FL 33147 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
CASAINI, FRANK P
AB 2 9TH ST URB. ALMIRA
BAYAMON PR 00962 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 (561) 740-7373

CR2524 (000)