

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90094 029 \*\*\*150.00

**DOCUMENT # F96000006437**

1. Entity Name

**TRIANGLE CARGO SERVICES, INC.**

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

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

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

*Sergio Casaini*

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

(NOTE: Registered Agent signature required when reinstating)

*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

TITLE	CP	<input type="checkbox"/> Delete
NAME	CASAINI, SERGIO JR.	
STREET ADDRESS	13 MEADOWS PARK LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GUASTO, SALVATORE	
STREET ADDRESS	2401 NW 69 ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CASAINI, FRANK P	
STREET ADDRESS	AB 2 9TH ST URB. ALMIRA	
CITY-ST-ZIP	BAYAMON PR 00962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sergio Casaini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/00* (561) 740-7373

Date

Daytime Phone #

C.R.P. 0034 (0900)