

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90223 007 ***158.75

DOCUMENT # F96000006437

1. Entity Name

TRIANGLE CARGO SERVICES, INC.

Principal Place of Business

1220 S FEDERAL HWY
 101
 BOYNTON BEACH FL 33435

Mailing Address

1220 S FEDERAL HWY
 101
 BOYNTON BEACH FL 33435

2. Principal Place of Business

13 MEADOWS PARK LN

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 244570

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH FL

4. FEI Number

66-0526654

Applied For

Not Applicable

Zip

33436

Country

PALM BEACH

Zip

33424

Country

PALM BEACH

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASAIN, 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 CASAIN JR

04-17-01

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	<input type="checkbox"/> Delete
CP	CASAIN, SERGIO JR.	13 MEADOWS PARK LANE	BOYNTON BEACH FL 33462	<input type="checkbox"/>
DST	CASAIN, FRANK P	AB 2 9TH ST URB. ALMIRA	BAYAMON PR 00962	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 CASAIN JR

Date

04-17-01

Daytime Phone #

561 969-6684

CR2E034 (10/00)