

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006437

1. Entity Name

TRIANGLE CARGO SERVICES, INC.

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

04-26-2001 90223 007 ***158.75

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

[Signature]

SERGIO CASAIN JR

04-17-01

561
969-6684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)