

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003739

1. Entity Name

TRANGLE ACQUISITION CORP.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90014 029 ***150.00

Principal Place of Business

3343 WASHINGTON BLVD
BALTIMORE MD 21227

Mailing Address

3343 WASHINGTON BLVD
BALTIMORE MD 21227-1602

2. Principal Place of Business

11 Azar Court

3. Mailing Address

PO Box 24186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Baltimore MD

City & State

Baltimore MD

4. FEI Number

13-4051619

Applied For

Not Applicable

Zip

21227

Country

Baltimore

Zip

21227

Country

Baltimore

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

ALTSCHULER, ROBERT
8449 LEGEND CLUB DRIVE
WEST PALM BEACH FL 33412

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, 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 **P** ☐ Delete
NAME **WEISMAN, MARC**
STREET ADDRESS **150E 77TH STREET #1019**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **V** ☐ Delete
NAME **PETERS, RONALD**
STREET ADDRESS **25 NORTH WAY**
CITY-ST-ZIP **CHAPPAQUA NY**

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

TITLE **D** ☒ Delete
NAME **ALTSCHULER, ROBERT**
STREET ADDRESS **8449 LEGEND CLUB DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **D** ☐ Delete
NAME **KAYE, ROBERT**
STREET ADDRESS **3511 OLD COURT DRIVE**
CITY-ST-ZIP **BALTIMORE MD**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the report as 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

Date

2/17/00 410-247

CR2E034 (9/99)