

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003739**

1. Entity Name

TRAINGLE ACQUISITION CORP.

Principal Place of Business

**11 AZOR COURT
BALTIMORE MD 21227**

Mailing Address

**PO BOX 24186
BALTIMORE MD 21227**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ALTSHULER, ROBERT
8449 LEGEND CLUB DRIVE
WEST PALM BEACH FL 33412**

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, 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	P	<input type="checkbox"/> Delete
NAME	WEISMAN, MARC	
STREET ADDRESS	150E 77TH STREET #1019	
CITY-ST-ZIP	NEW YORK NY	

TITLE	V	<input type="checkbox"/> Delete
NAME	PETERS, RONALD	
STREET ADDRESS	25 NORTH WAY	
CITY-ST-ZIP	CHAPPAQUA NY	

TITLE	D	<input type="checkbox"/> Delete
NAME	ALTSHULER, ROBERT	
STREET ADDRESS	8449 LEGEND CLUB DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	KAYE, ROBERT	
STREET ADDRESS	3511 OLD COURT DRIVE	
CITY-ST-ZIP	BALTIMORE MD	

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90049 016 ***150.00

754936



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-4051619**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)

0597513