

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J72484

1. Entity Name
TRIAD SERVICES CORP.

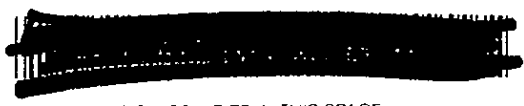
FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90100 017 ***150.00

Principal Place of Business
15450 NEW BARN RD
MIAMI LAKES, FL 33014

Mailing Address
15450 NEW BARN RD
MIAMI LAKES, FL 33014

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0600773		Applied For Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BERLEY, DAVID R. 848 BRICKELL AVE SUITE 200 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when not stating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D DEBAYLE, LUIS 3290 RIVIERA DR CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P RASKOSKY, DAVID 2540 W. 78th ST HIALEAH, FL 33016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S RASKOSKY, VIDA 2540 W. 78th ST HIALEAH, FL 33016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID RASKOSKY, P** **4/19/00 305-284-8419**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR