

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013336

DOCUMENT # L02000032678

1. Entity Name

TRIA INVESTMENT GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 2:04

W
10/07

Principal Place of Business

Mailing Address

2165 SW 103 PL
MIAMI FL 33165
US

2165 SW 103 PL
MIAMI FL 33165
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MARAJH, RUDOLPH
2165 SW 103 PL
MIAMI FL 33165~~

L59016

Name BRUCE LAMCHICK P.D.

Street Address (P.O. Box Number is Not Acceptable)
9130 SOUTH DADELAND BLVD.
SUITE 1101

City MIAMI

FL

Zip Code 33156

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. I am familiar with, and accept the obligations of registered agent.

changed 7/28/03

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☒ Delete
NAME MARAJH, RUDOLPH
STREET ADDRESS 2165 SW 103 PL
CITY-ST-ZIP MIAMI FL 33165

TITLE MGR ☐ Change ☒ Addition
NAME TRIANA, LOUDES
STREET ADDRESS 2165 SW 103 PL
CITY-ST-ZIP MIAMI, FL 33165

TITLE MGR ☐ Delete
NAME BLANC, SOPHIE
STREET ADDRESS 2165 SW 103 PL
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME 500023399145
STREET ADDRESS 09/29/03--01048--015
CITY-ST-ZIP **50.00

TITLE MGR ☐ Delete
NAME LOUDES TRIANA
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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9-17-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)