

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000000197

1. Entity Name

TRIAD INTERNATIONAL CONSULTANTS, L.L.C.

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4445 NORTH A-1-A, SUITE 150B
VERO BEACH FL 32963

4445 NORTH A-1-A, SUITE 150B
VERO BEACH FL 32963



2. Principal Place of Business

3. Mailing Address

2145 14th Ave

2145 14th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 24

Suite 24

City & State

City & State

Vero Beach FL

Vero Beach FL

Zip

Country

Zip

Country

32960

USA

32960

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3500540

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

W DESIGNS, INC.

4445 NORTH A-1-A, SUITE 150B

VERO BEACH FL 32963

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS W DESIGNS, INC.
CITY-ST-ZIP 4445 NORTH A-1-A, SUITE 150B
VERO BEACH FL 32963

TITLE NAME MGRM
STREET ADDRESS W DESIGNS INC
CITY-ST-ZIP 2145 14th Ave Suite 24
VERO BEACH FL 32960

TITLE NAME
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CITY-ST-ZIP

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

Date

Daytime Phone #

4-2-01

561 770 4707

CR2E083 (11/00)