

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007267

1. Entity Name

TRIANON ENTERPRISES, LLC

FILED

01 MAR 22 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4793 E. 10TH CT.
HIALEAH FL 33013

Mailing Address

4793 E. 10TH CT.
HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0960613

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, RICO
17923 NW 66TH CT CIRCLE
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name

RICO'S FINANCIAL GROUP, LLC

Street Address (P.O. Box Number is Not Acceptable)

8306 NW 142 ST.

City

MIAMI

FL

Zip Code

33016

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)

3/7/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

4000003912014--8
-03/27/01-01060--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CAMELO, LUIS A
4793 E. 10TH CT.
HIALEAH FL 33013

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

3/7/01 305-953-8057

Date

Daytime Phone #

CR2E083 (11/00)