

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90149 025 ****50.00

DOCUMENT # L99000007267

1. Entity Name

TRIANON ENTERPRISES, LLC

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

7. Name and Address of New Registered Agent

**RICO'S FINANCIAL GROUP, LLC
8306 NW 142ND ST
MIAMI FL 33016**

Name

RICO ORTIZ

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

8306 NW 142 ST.

City

MIAMI LAKES

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

Rico Ortiz

4-9-02

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
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR. MEMBER
CAMELO, LUIS A
4950 E. 10 AVE.
HIALEAH, FL. 33013**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

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

Date

Daytime Phone #

4-9-02 305-953-8017

(953-8077)

CR2E083 (9/01)