FILED
Jun 16, 2002 8:00 am
Secretary of State
05-16-2002 90047 004 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name
N99000004639
Trigolabrado, Inc.

DO NOT WRITE IN THIS SPACE

93097
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2. Principal Place of Business	3. Mailing Address
3890 N.W. 1st St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State:
Zip: 33126 Country: USA	Zip: Country:

4. FEI Number: 65-0951254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: MARBIN B SEIDMAN
Street Address (P.O. Box Number is Not Acceptable)
2600 S.W. 3rd Ave. Ste 800 B
City: Miami FL Zip Code: 33129

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	LEANNE TRIGOURA "D"
STREET ADDRESS	3890 N.W. 1st St.
CITY-ST-ZIP	Miami, FL. 33126
TITLE	VICE-PRESIDENT
NAME	JORGE TRIGOURA "D"
STREET ADDRESS	3890 N.W. 1st St.
CITY-ST-ZIP	Mi, FL. 33126
TITLE	DIRECTOR
NAME	BLANQUITA LOIS "D"
STREET ADDRESS	145-26 S.W. 127-Ct.
CITY-ST-ZIP	Miami, FL. 33186
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CR2E037B (12/01)

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02 305-642-5706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #