

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P00000084204

1. Entity Name

TRIANA Shuttle Service, Inc.



03-24-2004 90293 001 \*\*\*150.00

03-24-2004 90293 002 \*\*\*\*\*8.75

**DO NOT WRITE IN THIS SPACE**

66407692

2. Principal Place of Business

2498 SW 17 Ave

3. Mailing Address

P.O. Box 451534

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4204

City & State

Miami, Fla

City & State

miami Fla

4. FEI Number

651042182

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33145

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Maria T. Triana

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

2498 SW 17 Ave Apt # 4204

City

Miami

FL

Zip Code

33145

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.

SIGNATURE

*Maria T. Triana*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Maria T. Triana  
2498 SW 17 Ave Apt 4204  
Miami, Fla 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/23/04

Daytime Phone #

305-796-0636

CR2E034B (12/02)