

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91328 003 ***158.75

DOCUMENT # **000000089230**

1. Entity Name

TRIUMVIRATE TECHNOLOGIES, INC

Principal Place of Business

Mailing Address

1226 TURNER ST SUITE B
CLEARWATER FL 33758

2. Principal Place of Business

3. Mailing Address

1226 TURNER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State

City & State

CLEARWATER FL

Zip

Country

Zip

Country

33756 USA

4. FEI Number

Applied For

Not Applicable

16059-3671973

5. Certificate of Status Desired

☒ **\$8.75** - Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID WAKEEN
1226 TURNER ST STE B
CLEARWATER FL 33756

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

David Wakeen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
 NAME **Robert Hernandez**
 STREET ADDRESS **622 EAST VILLA ST.**
 CITY-ST-ZIP **PASADENA CA 91101**

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

TITLE **CIO** ☐ Delete
 NAME **Thomas Curren**
 STREET ADDRESS **6724 SALTER AVE**
 CITY-ST-ZIP **ARCADIA CA 91007**

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

TITLE **David Wakeen** ☐ Delete
 NAME **Director of Marketing**
 STREET ADDRESS **411 CLEVELAND ST PMB#205**
 CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 of the corporation empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, 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

Daytime Phone #

28 April 01 **727446**
8500

CR2E034 (11/00)