

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112587

1. Entity Name

TRIANGLE INVESTMENTS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90035 039 ***150.00

Principal Place of Business

1000 BRICKELL AVENUE
SUITE 660
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVENUE
SUITE 660
MIAMI FL 33131

00033362



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6355 N.W. 36th ST. ste 506

3. Mailing Address

6355 N.W. 36th ST. ste 506

Suite, Apt. #, etc.

SUITE 506

Suite, Apt. #, etc.

SUITE 506

City & State

VIRGINIA GARDENS, FL.

City & State

VIRGINIA GARDENS, FL.

4. FEI Number

65-1081199

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

XIQUES, ALBERT J ESQ.
1000 BRICKELL AVENUE
SUITE 660
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLOS A. IGLESIAS	
STREET ADDRESS	6355 N.W. 36th ST. ste 506	
CITY-ST-ZIP	VIRGINIA GARDENS, FL. 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARLOS E. OBREGON	
STREET ADDRESS	6355 N.W. 36th ST. ste 506	
CITY-ST-ZIP	VIRGINIA GARDENS, FL. 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALEJANDRO VILLORIA	
STREET ADDRESS	6355 N.W. 36th ST. ste 506	
CITY-ST-ZIP	VIRGINIA GARDENS, FL. 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FELIPE J. GONZALEZ	
STREET ADDRESS	6355 N.W. 36th ST. ste 506	
CITY-ST-ZIP	VIRGINIA GARDENS, FL. 33166	
TITLE	ASST SECRETARY	<input type="checkbox"/> Delete
NAME	ALBERTO J. XIQUES	
STREET ADDRESS	1000 BRICKELL AVE. ste 660	
CITY-ST-ZIP	MIAMI, FL. 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or trustee 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

CARLOS E. OBREGON

APRIL 2, 2001 (305) 871 1157

Date

Daytime Phone #

CR20034 (10/00)