## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P01000028309 **DOCUMENT #**

1. Entity Name

TRIANGLE CAPITAL PARTNERS, INC.



## **FILED** Apr 18, 2003 8:00 am Secretary of State ;

Monitory Intellegence of Susmission Consideration Augment of the purpose of changing its registered agent of or or suppliered agent of or or suppliered agent of or or suppliered agent or or suppliered agent or or or suppliered agent or or or or suppliered agent or			-,												
Suite, Apt. #, etc.   Suite, Apt. #, etc.     CheCK Herit II MAKING CHANGES    City & State   City & C	1970 NORTHE	AST 118TH ROA	AD.	C/O JOSEPH SCUTELLARO 12 LEXINGTON AVE											
City & State    City & State   Country   Zip   Country   Zip   Country   S. Conflication of Status Desired   S. R. FEI Number 65-1086903   Applied For Not Applicable   Not Applicable   Not Applicable   Not Applicable   S. Conflication of Status Desired   S. R. FEI Number 65-1086903   S. 75 Additional   Fee Required   See Required   Se	2. Principal F	Place of Busine	SS	3. Mailing Address					BOT LIF BUIDT	<b>              </b>		F1110 11111			
Zip   Country   Zip   Country   S. Certificate of Status Desired   St. 75 Additional Fee Pringinged   St. 75 Additional Fee Pringing   St. 75 Additional Fee Pringinged   St. 75 Additional Fee Pringing   St. 75 Additional Fee Pringinged   St. 75 Additional Fee	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name and Address (PO. Box Number is Not Acceptable)  Name and Address of New Registered Agent  Name and Address of New Registered Agent  Name and Address of New Registered Agent  Name and Address of Number is Not Acceptable  Nam	City & State			City & State				4. FEI Number 65-1086903					<u> </u>		
SPECEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FI. 33134    1970 N E   18 <sup>TH</sup> RD     City MORTH Man is FL   295968/   City Morth Man is State of Florida. I am familiar with, and accept the obligations of registered agent. SSS, and accept the obligation of registered agent. SSSS, and accept the obligation of registered agent. SSSS, and accept the obligation of registered agent. SSSSS, and accept the obligation of registered agent. SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	Zip	Country		Zip	С	ountry		5. Certificate of Status Desired							
SPIEGEL & UTRERA, P.A. 343 AMERIA AVENUE  CORAL GABLES FL 33134    1970 N E		6. Name a	nd Address of Current	Registered Agen	t .			7. Name an	d Addres	s of New	Registe	ered Age	ent		1
Size Address (P.O. Box Number is Not Acceptable)    1970 NE   BTH RD	CDIECEI		Name (	CAK	111 5	Pier	MA	N		<del></del> , -	₽ - Yarr	]			
B. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature			Street Ad	dress (P.0	O. Box Numb	per is Not	Acceptat	ole)			<del></del>	1			
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am lamillar with, and accept the obligations of registered agent.    SIGNATURE						197	ON	E 118	TH R	0					1
SIGNATURE    FILE NOW!!   FEE IS \$150.00						City M	PATH	MIAN	1 <i>j</i>			FL	Zin Cod	81	]
SIGNATURE    FILE NOW!! FEE IS \$150.00   After May 1, 2003 Fee will be \$\$50.00   Make Cheeck Payable to Florida Department of State				or the purpose of c	nanging its regis	stered office or r	egistered	d agent, or be	oth, in the	State of I	Florida.	l am fam	iliar with,	and accept	]
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS   PD	•	Mr.	m su	une							4	4/151	63		
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mike Check Payable to Florida Department of State  10.				and title if applicable.	(NOTE: Regi	stered Agent signatur	e required wh	hen reinstating)			<b>'</b> 0	ĀTE			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: