

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90008 002 \*\*\*150.00

DOCUMENT # **P9400000** / **46773**

1. Entity Name **Tridan Properties, Inc.**

Principal Place of Business

Mailing Address

**407 Lincoln Road #10H**  
**Miami Beach, FL 33139**

**same**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0613470**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Triana, Barbara**  
**407 Lincoln Road #10H**  
**Miami Beach, FL 33139**

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

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

**Barbara Triana**

(NOTE: Registered Agent signature required when reinstating)

**4/15/01**

DATE

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

**FILE NOW!!!**

**After MAY 1, 2001**

**Make Check Payable**

**FEE IS \$150.00**

**Fee will be \$550.00**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>Barbara Triana</b>	
STREET ADDRESS	<b>407 Lincoln Road #10H</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
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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:

*Barbara Triana*

**4/15/01 305-672-1441**

CR2E034 (11/00)