

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057638

1. Entity Name

TECHNOLOGY TRIANGLE CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90169 044 ***150.00

Principal Place of Business

Mailing Address

20801 BISCAYNE BLVD. #400
 AVENTURA FL 33180
 US

P O BOX 272915
 BOCA RATON FL 33427-2915
 US

2. Principal Place of Business

3. Mailing Address

POB 526505

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 MIAMI, FL

4. FEI Number 65-0686927

Applied For

Not Applicable

Zip

Country

Zip 33152

Country

USA

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

BARAHONA, OCTAVIO
 20801 BISCAYNE BLVD
 #400
 AVENTURA FL 33180

Name

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

20801 BISCAYNE BLVD. #403

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, 2000 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 SD ☐ Delete
 NAME MAYORGA, YADIRA D
 STREET ADDRESS 20801 BISCAYNE BLVD #400
 CITY-ST-ZIP AVENTURA FL 33180

TITLE VD ☒ Change ☐ Addition
 NAME MAYORGA, YADIRA D
 STREET ADDRESS 20801 BISCAYNE BLVD. #403
 CITY-ST-ZIP AVENTURA, FL 33180

TITLE PD ☐ Delete
 NAME BARAHONA, OCTAVIO
 STREET ADDRESS 20801 BISCAYNE BLVD #400
 CITY-ST-ZIP AVENTURA FL 33180

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
 NAME ROSA CRUZ
 STREET ADDRESS 20801 BISCAYNE BLVD. #403
 CITY-ST-ZIP AVENTURA, FL 33180

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 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

Date

Daytime Phone #

4/29/00 385-937-9536

CR2E034 (9/99)