

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064151

1. Entity Name

Tritanga EL Mano, Inc.

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90002 012 ***150.00

Principal Place of Business

Mailing Address

1821 S.W. 8th St.

1821 S.W. 8th St.

Miami, FL 33135-3417

Miami, FL 33135-3417

2. Principal Place of Business

3. Mailing Address

1821 S.W. 8th St.

1821 S.W. 8th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL 33135

4. FEI Number

Applied For

65-0688133

Not Applicable

Zip

Country

Zip

Country

33135-3417 U.S.A.

33135-3417 U.S.A.

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

Name

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

City

FL

Zip Code

Wilder Rodriguez

1821 S.W. 8th St.

Miami, FL 33135-3417

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 of the Current Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-00

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 ☐ Delete

NAME Wilder Rodriguez
STREET ADDRESS 1821 S.W. 8th St.
CITY-ST-ZIP Miami, FL 33135-3417

TITLE ☐ Delete

NAME Rosa Magaly Rodriguez
STREET ADDRESS 1821 S.W. 8th St.
CITY-ST-ZIP Miami, FL 33135-3417

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00 (305) 642-4021

CR2E034 (9/99)