

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90217 048 \*\*\*150.00

**DOCUMENT # P96000094519**

1. Entity Name

**TRIANGLE PARTNERS, INC.**

Principal Place of Business

1561 SOUTH CONGRESS AVENUE, SUITE 160  
 DELRAY BEACH FL 33445

Mailing Address

1561 SOUTH CONGRESS AVENUE, SUITE 160  
 DELRAY BEACH FL 33445-6325

2. Principal Place of Business

2300 W. SAMPLE RD

3. Mailing Address

2300 W. SAMPLE RD

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

4. FEI Number

65-0707552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SHAW, SCOTT  
 6655 N.W. 24 STREET  
 BOCA RATON FL 33496

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, 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

TITLE: **PSTD** ☐ Delete  
 NAME: **LERNER, ERIC**  
 STREET ADDRESS: **1561 SOUTH CONGRESS AVENUE, SUITE 160**  
 CITY-ST-ZIP: **DELRAY BEACH FL 33445**

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
 NAME: **2300 W. SAMPLE RD #202**  
 STREET ADDRESS: **POMPANO BEACH, FL 33073**  
 CITY-ST-ZIP: **33073**

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

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

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 to my address, with all other like empowered.

SIGNATURE:

**ERIC LERNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00

561-998-8870

CP 2: 034 (3/99)