FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91592 013 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034173

Entity Name

TRIANGLE LIMITED, INC.

Principal Place of Business	Mailing Address
N BISCAYNE BLVD 21 FLOOR MI FL 33132	100 N BISCAYNE BLVD 21 FLOOR MIAMI FL 33132

552196

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0912605 ☐ 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
BAUR, THOMAS 100 N BISCAYNE BLVD 21 FLOOR MIAMI FL 33132	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST BLUMENAUER, URSULA 100 N. BISCAYNE BLVD. MIAMI FL 33132 XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST BLUMENAUER, HANS-JOACHIM 100 N BISCAYNE BLVD 21 FLOOR MIAMI FL 33132 XX Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
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	☐ Delete		☐ Change ☐ Addition

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 I am aware of the penalties for making false statements in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/00)