

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039526

1. Entity Name

ADIEL LEVI TRIANA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90268 015 ***150.00

Principal Place of Business

3019 NW 90TH ST.
MIAMI FL 33147

Mailing Address

3019 NW 90TH ST.
MIAMI FL 33147-1535

2. Principal Place of Business

5552 NW Cruzan Avenue

Suite, Apt. #, etc.

3. Mailing Address

5552 NW Cruzan Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie FL

City & State
Port St. Lucie FL

4. FEI Number
65-0933448

Applied For
Not Applicable

Zip
34986

Country
USA

Zip
34986

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

TRIANA, ADIEL L
3019 NW 90TH ST.
MIAMI FL 33147

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 of the registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/2000

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adiel Levi Triana	
STREET ADDRESS	5552 NW Cruzan Avenue	
CITY - ST - ZIP	Port St. Lucie, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 reports 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

4/4/2000 305-208-8460

Date

Daytime Phone #

CR2E034 (9/99)