

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039526

1. Entity Name

ADIEL LEVI TRIANA, INC.

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90061 021 \*\*\*150.00

Principal Place of Business

5552 NW CRUZAN AVE  
PORT SAINT LUCIE FL 34986

Mailing Address

5552 NW CRUZAN AVE  
PORT SAINT LUCIE FL 34986

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 65-0933448

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

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

Name

ADIEL L TRIANA

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

5552 NW CRUZAN AVE

City

PORT SAINT LUCIE

FL

Zip Code  
34986

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)* (President) ADIEL L TRIANA

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TRIANA, ADIEL L  
STREET ADDRESS 5552 NW CRUZAN AVE  
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☒ Delete

TITLE P  
NAME ADIEL L TRIANA  
STREET ADDRESS 5552 NW CRUZAN AVE  
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V  
NAME ABISAI M TRIANA  
STREET ADDRESS 20 W 8th STREET APT 11  
CITY-ST-ZIP HIALEAH FL 33010 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 with an address, with all other like empowered.

SIGNATURE:

ADIEL L TRIANA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/01

Date

(561)344-0779

Daytime Phone #

CR2E034 (10/00)