

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90056 007 ***150.00

DOCUMENT # **P99000088770**

1. Entity Name

Reggie Triana, INC.

Principal Place of Business

**West Flagler St F-605
 Miami, FL 33174.**

Mailing Address

**9801 West Flagler St F-605
 Miami, FL 33174.**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

65-0953245

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

00048475

6. Name and Address of Current Registered Agent

**Reggie Triana
 9801 West Flagler St F-605
 Miami, FL 33174**

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

Reggie Triana

Signature or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

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

TITLE	☐ Delete
NAME	Reggie Triana
STREET ADDRESS	9801 West Flagler St F-605
CITY-STATE-ZIP	Miami, FL 33174.
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Reggie Triana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00