

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90042 012 \*\*\*150.00

**DOCUMENT # P99000092360**

1. Entity Name

**TRILENIUM CORPORATION**

Principal Place of Business

**4480 N FEDERAL HIGHWAY  
 LIGHTHOUSE POINT FL 33064**

Mailing Address

**4480 N FEDERAL HIGHWAY  
 LIGHTHOUSE POINT FL 33064**

00091538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0957768**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROTH, LEONARDO A**

**9350 SOUTH DIXIE HWY, PH 2  
 MIAMI FL 33156**

Name

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

**3440 HOLLYWOOD BLVD., Suite 360**

City

**HOLLYWOOD, FL**

FL

Zip Code  
**33021**

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, 2002 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 **DPT** ☒ Delete  
 NAME **SRUR DE BREITMAN, SILVINA H**  
 STREET ADDRESS **4480 N FEDERAL HIGHWAY**  
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **DPT** ☐ Change ☒ Addition  
 NAME **HARARI, SILVINA**  
 STREET ADDRESS **6706 NW 43 PL**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **DVS** ☐ Delete  
 NAME **BREITMAN, MARCELO**  
 STREET ADDRESS **4480 N FEDERAL HIGHWAY**  
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **MARIANO-PICK**  
 STREET ADDRESS **9135 RAMBLEWOOD DRIVE # 134**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-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 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 REQUIRED**  
**MARCELO BREITMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TRILENIUM CORPORATION**  
**d/b/a "Cielito Lindo Dos"**  
**4480 North Federal Hwy.**  
**Lighthouse Point, FL 33064**

**4/19/02**  
 Date

**954-941-8226**  
 Daytime Phone #

CR2E034 (9/01)