

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90171 030 ***150.00

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1. Entity Name
TRIANGOLO PROFESSIONAL GROUP, INC.

Principal Place of Business
**6196 NW 11TH STREET
SUNRISE FL 33313**

Mailing Address
**6196 NW 11TH STREET
SUNRISE FL 33313**

10013570



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0288310**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**TRIANGOLO, EDWARD P.
6196 NW 11TH STREET
SUNRISE FL 33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	TRIANGOLO, EDWARD P.		
6196 NW 11TH STREET	6196 NW 11TH STREET		
SUNRISE FL	SUNRISE FL		
VD	ANSON, SHARON		
6196 NW 11TH STREET	6196 NW 11TH STREET		
SUNRISE FL	SUNRISE FL		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward P. Triangolo* **Edward P. Triangolo** Date: **1/24/03** 934-521-0970

CR2E034 (10/02)