2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90424 020 ***150.00

DOCUMENT # P98000000555

1. Entity Name
TRIAD HOSIERY CORP.

Principal Place of Business	Mailing Address
1200 CLINT MOORE RD STE 4 BOCA RATON FL 33487	1200 CLINT MOORE RD STE 4 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2901 Clint Moore Rd.	Same
Suite, Apt. #, etc. Suite 329	Suite, Apt. #, etc.
City & State Boca Raton, FL. 33496	City & State
Zip / Country	Zip / Country

4. FEI Number 11-2962648 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERG, STAN
5865 WINDSOR COURT
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name: Stanley Berg
Street Address (P.O. Box Number is Not Acceptable): 2901 Clint Moore Rd, Suite 329
City: Boca Raton FL Zip Code: 33496

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 ______ 1/27/01
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	PCEO ☐ Delete	TITLE	CEO ☐ Change ☐ Addition
NAME	BERG, STAN	NAME	Stanley Berg
STREET ADDRESS	3580 NW 61ST CIR	STREET ADDRESS	2901 Clint Moore Rd., Suite 329
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	Boca Raton, FL. 33496
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Stanley Berg, Pres. 1/27/01 561-912-9624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #