FILED

Feb 07, 2001 8:00 am Secretary of State

02-07-2001 90138 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DÖCÜMÉNT # F00000002016

1. Entity Name

TRIAD FINANCIAL OF NEW YORK INC.

Principal Place of Business

Mailing Address

390 NO. BROADWAY STE. 190

390 NO. BROADWAY STE, 190

JERICHO NY 11753

2. Pri

JERICHO NY 11753

			11
ncipal Place of Business	3. Mailing Address		

Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 11-3018002 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . . KOSOW, HERBERT Street Address (P.O. Box Number is Not Acceptable) 10311 COPPERLAKE DRIVE **BOYNTON BEACH FL 33437** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 (13 - 10. Election Campaign Financing) \$5.00 May Be Tax filing requirement and elects to do so. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition NAME BAIATA, FRANK NAME STREET ADDRESS 390 NO. BROADWAY STE. 190 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP JERICHO NY 11753 ☐ Delete TITLE ☐ Change ☐ Addition NAME CROSS, RICHARD NAME STREET ADDRESS STREET ADDRESS 660 WHITE PLAINS ROAD CITY-ST-ZIP CITY-ST-ZIP TARRYTOWN NY 10591 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JIPLE. ☐ Delete TITLE Change ☐ Addition NÂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an articles, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01 5169310202