

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K50408

1. Entity Name

TRIAD FUNDING RESOURCES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90232 045 ***150.00

Principal Place of Business Mailing Address
20 SW 27 AVE 20 SW 27 AVE
SUITE 200 SUITE 200
POMPANO BCH FL 33069 POMPANO BCH FL 33069-3052
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0202038 Applied For Not Applicable

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

KAVALIN, DAVID
20 S.W. 27 AVE
SUITE 200
POMPANO BEACH FL 33069

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 _____ (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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CDPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAVALIN, DAVID		NAME		
STREET ADDRESS	1200 MARINE WAY, B-302		STREET ADDRESS	6984 NW 29 Way	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAVALIN, DAVID		NAME		
STREET ADDRESS	1200 MARINE WAY, B-302		STREET ADDRESS	6984 NW 29 Way	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 address, with all other like empowered.

SIGNATURE: David Kavalin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2000

Date

954-969-7242

Daytime Phone #

CR2E034 (9/99)