

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # K50408**1. Entity Name
TRIAD FUNDING RESOURCES, INC.

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

2. Principal Place of Business
609 E. ATLANTIC BLVD.3. Mailing Address
609 E. ATLANTIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH

City & State
POMPANO BEACH

4. FEI Number
65-0202038

Applied For
Not Applicable

Zip
33060

Country
US

Zip
33060

Country
US

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
33069

FL

Name
KAVALIN DAVID
Street Address (P.O. Box Number is Not Acceptable)
609 E. ATLANTIC BLVD.

City
POMPANO BEACH

FL

Zip Code
33060

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 _____ 04/26/2001
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	S	<input type="checkbox"/> Delete
NAME	KAVALIN, DAVID	
STREET ADDRESS	6984 NW 29 WAY	
CITY-ST-ZIP	NORTH PALM BEACH	FL 33408
TITLE	CDPT	<input type="checkbox"/> Delete
NAME	KAVALIN, DAVID	
STREET ADDRESS	6984 NW 29 WAY	
CITY-ST-ZIP	FORT LAUDERDALE	FL 33309
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVALIN DAVID	
STREET ADDRESS	6984 NW 29 WAY	
CITY-ST-ZIP	FORT LAUDERDALE	FL 33309
TITLE	CDPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVALIN DAVID	
STREET ADDRESS	6984 NW 29 WAY	
CITY-ST-ZIP	FORT LAUDERDALE	FL 33309
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)