

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000081997

FILED
Feb 10, 2003
Secretary of State

Entity Name: TRIAD RESIDENTIAL MANAGEMENT CORP.

Current Principal Place of Business:

ONE OAKWOOD BLVD STE 195
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

ONE OAKWOOD BLVD STE 195
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 52-2375272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 W FLAGLER ST
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PFEFFER, OLIVER
Address: ONE OAKWOOD BLVD STE 195
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: SCHULTZ, DAVID
Address: ONE OAKWOOD BLVD STE 195
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: REICH, DAVID
Address: ONE OAKWOOD BLVD STE 195
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVER PFEFFER

D

02/10/2003

Electronic Signature of Signing Officer or Director

Date