

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000023099**1. Entity Name
THP2 CORPORATION**Principal Place of Business**

2450 HOLLYWOOD BLVD, SUITE 503

HOLLYWOOD FL
33020**Mailing Address**

2450 HOLLYWOOD BLVD, SUITE 503

HOLLYWOOD FL
33020**2. Principal Place of Business**
ONE OAKWOOD BOULEVARD**3. Mailing Address**
ONE OAKWOOD BOULEVARDSuite, Apt. #, etc.
SUITE 195Suite, Apt. #, etc.
SUITE 195City & State
HOLLYWOOD FLCity & State
HOLLYWOOD FLZip Country
33020Zip Country
330204. FEI Number
65-0902454Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentREICH DAVID M
%TRIAD HOUSING PARTNERS
2450 HOLLYWOOD BLVD, SUITE 503
HOLLYWOOD FL
33020 US**7. Name and Address of New Registered Agent**Name
REICH DAVID M
Street Address (P.O. Box Number is Not Acceptable)
C/O TRIAD HOUSING PARTNERS
ONE OAKWOOD BOULEVARD, SUITE 195
City HOLLYWOOD FL Zip Code
33020

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 _____ **02/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33020	<input type="checkbox"/> Delete
	ST	REICH DAVID M	2450 HOLLYWOOD BLVD #503	HOLLYWOOD	FL	33020	<input type="checkbox"/> Delete
	V	SCHULTZ DAVID A	2450 HOLLYWOOD BLVD #503	HOLLYWOOD	FL	33020	<input type="checkbox"/> Delete
	P	PFEFFER OLIVER B	2450 HOLLYWOOD BLVD #503	HOLLYWOOD	FL	33020	<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33020	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	ST	REICH DAVID M	ONE OAKWOOD BOULEVARD, #195	HOLLYWOOD	FL	33020	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	V	SCHULTZ DAVID A	ONE OAKWOOD BOULEVARD, #195	HOLLYWOOD	FL	33020	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	PFEFFER OLIVER B	ONE OAKWOOD BOULEVARD, #195	HOLLYWOOD	FL	33020	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Oliver B. Pfeffer

Pres 02/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)