2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000023149 Feb 22, 2000 8:00 am **Secretary of State** THP9 CORPORATION 02-22-2000 90035 033 ***150.00 Principal Place of Business Mailing Address 2450 HOLLYWOOD BLVD. SUITE 503 2450 HOLLYWOOD BLVD. SUITE 503 HOLLYWOOD FL 33020-6626 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 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 SCHULTZ, DAVID A Street Address (P.O. Box Number is Not Acceptable) %TRIAD HOUSING PARTNERS 2450 HOLLYWOOD BLVD, SUITE 503 HOLLYWOOD FL 33020 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Change Addition . TITLE TITLE ☐ Delete NAME Oliver B. Pfeffer NAME 2450 Hollywood Blvd, #503 STREET ADDRESS STREET ADDRESS Hollywood, FL 33020 CITY-ST-ZIP CITY-ST-ZIP Vice President ☐ Change Addition ☐ Delete TITLE TITLE David A. Schultz NAME NAME 2450 Hollywood Blvd, #503 STREET ADDRESS STREET ADDRESS Hollywood, FL 33020 CITY - ST - ZIP CITY-ST-ZIP Secretary/Treasurer ☐ Change Addition ☐ Delete TITLE TITLE David M. Reich NAME NAME 2450 Hollywood Blvd, #503 STREET ADDRESS STREET ADDRESS Hollywood, FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Daytime Phone #