2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000023149**

1. Entity Name
THP9 CORPORATION

Principal Place of Business	Mailing Address
2450 HOLLYWOOD BLVD, SUITE 503 HOLLYWOOD FL 33020	2450 HOLLYWOOD BLVD, SUITE 503 HOLLYWOOD FL 33020

2. Principal Place of Business	3. Mailing Address
ONE OAKWOOD BLVD., SUITE 195	ONE OAKWOOD BLVD., SUITE 195
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD FL
Zip: 33020 Country:	Zip: 33020 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0908589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ DAVID A
%TRIAD HOUSING PARTNERS
2450 HOLLYWOOD BLVD, SUITE 503
HOLLYWOOD FL
33020 US

7. Name and Address of New Registered Agent

Name: SCHULTZ DAVID A
Street Address (P.O. Box Number is Not Acceptable): %TRIAD HOUSING PARTNERS
ONE OAKWOOD BLVD., 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 _____ 04/20/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ST REICH DAVID M 2450 HOLLYWOOD BLVD #503 HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST REICH DAVID M ONE OAKWOOD BLVD., SUITE 195 HOLLYWOOD FL 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHULTZ DAVID A 2450 HOLLYWOOD BLVD #503 HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHULTZ DAVID A ONE OAKWOOD BLVD., SUITE 195 HOLLYWOOD FL 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PFEFFER OLIVER B 2450 HOLLYWOOD BLVD #503 HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PFEFFER OLIVER B ONE OAKWOOD BLVD., SUITE 195 HOLLYWOOD FL 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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 Pfeffer P 04/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #