2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025304

UNITED BUILDERS CORPORATION

03-02-2000 90128 015 ***150.00 Principal Place of Business Mailing Address 2450 HOLLYWOOD BLVD., STE, 503 2450 HOLLYWOOD BLVD., STE. 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. City & State 4. FEI Number Applied For City & State Not Applicable Zip 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 PFEFFER, OLIVER B Street Address (P.O. Box Number is Not Acceptable) C/O TRIAD HOUSING PARTNERS 2450 HOLLYWOOD BLVD., STE, 503 HOLLYWOOD FL 33020 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President Change Addition ☐ Delete TITLE Oliver B. Pfeffer NAME 2450 Hollywood Blvd, #503 STREET ADDRESS STREET ADDRESS Hollywood, FL 33020 CITY-ST-ZIP CITY-ST-ZIP Delete Vice President ☐ Change Addition TITLE David A. Schultz NAME NAME 2450 Hollywood Blvd, #503 STREET ADDRESS STREET ADDRESS Hollywood, FL 33020 CITY-ST-ZIP CITY-ST-ZIE Addition □ Change Secretary/Treasurer TITLE ☐ Delete TITLE NAME NAME David M. Reich 2450 Hollywood Blvd, #503 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Hollywood, FL 33020 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

☐ Delete

Change

☐ Change

Addition

Addition

Daytime Phone #

FILED

Mar 02, 2000 8:00 am **Secretary of State**