

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000032876**1. Entity Name  
THP8 CORPORATION**Principal Place of Business**

2450 HOLLYWOOD BLVD., STE. 503

HOLLYWOOD FL  
33020**Mailing Address**

2450 HOLLYWOOD BLVD., STE. 503

HOLLYWOOD FL  
330202. Principal Place of Business  
ONE OAKWOOD BLVD., SUITE 1953. Mailing Address  
ONE OAKWOOD BLVD., SUITE 195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HOLLYWOOD FLCity & State  
HOLLYWOOD FL4. FEI Number  
**65-0914233**Applied For  
Not ApplicableZip Country  
33020Zip Country  
330205. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**PFEFFER OLIVER B  
2450 HOLLYWOOD BLVD., STE. 503HOLLYWOOD FL  
33020**7. Name and Address of New Registered Agent**Name  
PFEFFER OLIVER BStreet Address (P.O. Box Number is Not Acceptable)  
ONE OAKWOOD BLVD., SUITE 195City  
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) 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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ST ☐ Delete  
NAME REICH DAVID M  
STREET ADDRESS 2450 HOLLYWOOD BLVD # 503  
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE VP ☐ Delete  
NAME SCHULTZ DAVID A  
STREET ADDRESS 2450 HOLLYWOOD BLVD # 503  
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE P ☐ Delete  
NAME PFEFFER OLIVER B  
STREET ADDRESS 2450 HOLLYWOOD BLVD # 503  
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ST ☒ Change ☐ Addition  
NAME REICH DAVID M  
STREET ADDRESS ONE OAKWOOD BLVD., SUITE 195  
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE VP ☒ Change ☐ Addition  
NAME SCHULTZ DAVID A  
STREET ADDRESS ONE OAKWOOD BLVD., SUITE 195  
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE P ☒ Change ☐ Addition  
NAME PFEFFER OLIVER B  
STREET ADDRESS ONE OAKWOOD BLVD., SUITE 195  
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:** Oliver Pfeffer

P

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)