## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000058776

605 THIRD AVE.

NEW YORK, NY 101580038

Address:

City-St-Zip:

Entity Name: TRIAD MARKETING GROUP, INC.

FILED Apr 17, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
350 CAMINO GARDENS BLVD., STE. 200 BOCA RATON, FL 33432				925 S FEDERAL HWY SUITE 175 BOCA RATON, FL 33432		
Current Mailing Address:				New Mailing Address:		
350 CAMINO GARDENS BLVD., STE. 200 BOCA RATON, FL 33432				925 S FEDERAL HWY SUITE 175 BOCA RATON, FL 33432		
FEI Number	: 65-0930935	FEI Number Applied For ( )	FEI Nur	mber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLA ION, FL 33324	ND ROAD				
The above in the State	named entity : e of Florida.	submits this statement for the	purpose c	of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent					Date	
•	_	o satisfy its Intangible Tax filing red g Trust Fund Contribution (  ).	quirement a	and elects to do so (X).		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D ( ) SMOLEV, IRA 2924 S.OCEAN BOCA RATON,			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) TRUST, SYDRA 605 THIRD AVE NEW YORK, N	<b>≣</b> .		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( ) TRUST, KARLII	) Delete N MANN		Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: IRA SMOLEV D 04/17/2002