

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850450

1. Entity Name

THACKERAY CORPORATION

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90209 018 \*\*\*150.00

Principal Place of Business 400 MADISON AVE SUITE 309 NEW YORK NY 10017 US	Mailing Address 400 MADISON AVE SUITE 309 NEW YORK NY 10017-1909 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 509 Madison Ave Suite, Apt. #, etc. Suite 1714 City & State New York, NY Zip 10022 Country USA	3. Mailing Address 509 Madison Ave Suite, Apt. #, etc. Suite 1714 City & State New York, NY Zip 10022 Country USA
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4. FEI Number 04-2446697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROTHBERG, RONALD D. 400 MADISON AVE #309 NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 509 Madison Ave Suite 1714 New York, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SLADKUS, JOHN 400 MADISON AVE #309 NEW YORK NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D- ROTHMAN, MOSES 400 MADISON AVE NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 509 Madison Ave Suite 1714 New York, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S PETRILLO, MARIA 400 MADISON AVE #309 NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 509 Madison Ave Suite 1714 New York, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VTSD ROSS, JULES 400 MADISON AVE #309 NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 509 Madison Ave Suite 1714 New York, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD RABINOWITZ, MARTIN 400 MADISON AVE #309 NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 509 Madison Ave Suite 1714 New York, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/28/00 Date	212-759-3695 Daytime Phone #
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CR2E034 (9/99)