

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90250 017 ***150.00

DOCUMENT # 850450

1. Entity Name

THACKERAY CORPORATION



Principal Place of Business

**509 MADISON AVENUE
STE #1714
NEW YORK NY 10022
US**

Mailing Address

**509 MADISON AVENUE
STE #1714
NEW YORK NY 10022
US**

2. Principal Place of Business

350 Fifth Avenue

3. Mailing Address

350 Fifth Avenue

Suite, Apt. #, etc.

Suite 2723

Suite, Apt. #, etc.

Suite 2723

City & State

New York, NY

City & State

New York, NY

Zip

10118

Country

USA

Zip

10118

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-2446697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROTHBERG, RONALD D.**
STREET ADDRESS **509 MADISON AVE #1714**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME **350 Fifth Ave**
STREET ADDRESS **Suite 2723**
CITY-ST-ZIP **New York, NY 10118**

TITLE **D** ☐ Delete
NAME **ROTHMAN, MOSES**
STREET ADDRESS **509 MADISON AVE #1714**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☒ Change ☐ Addition
NAME **350 Fifth Ave**
STREET ADDRESS **Suite 2723**
CITY-ST-ZIP **New York, NY 10118**

TITLE **S** ☐ Delete
NAME **PETRILLO, MARIA**
STREET ADDRESS **509 MADISON AVE #1714**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☒ Change ☐ Addition
NAME **350 5th Ave**
STREET ADDRESS **Suite 2723**
CITY-ST-ZIP **New York, NY 10118**

TITLE **VTSD** ☐ Delete
NAME **ROSS, JULES**
STREET ADDRESS **509 MADISON AVE #1714**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☒ Change ☐ Addition
NAME **350 Fifth Ave**
STREET ADDRESS **Suite 2723**
CITY-ST-ZIP **New York, NY 10118**

TITLE **PD** ☐ Delete
NAME **RABINOWITZ, MARTIN**
STREET ADDRESS **509 MADISON AVE #1717**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☒ Change ☐ Addition
NAME **350 Fifth Ave**
STREET ADDRESS **Suite 2723**
CITY-ST-ZIP **New York, NY 10118**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 212-564-3393

Date

Daytime Phone #

CR2E034 (10/02)