

2001 UNIFORM BUSINESS REPORT (UBR)

0005789 AF

DOCUMENT # A97000001434
1. Entity Name
 THACKER ENTERPRISES, LTD.

FILED

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Principal Place of Business
 9740 S.W. 123RD STREET
 MIAMI FL 33156

Mailing Address
 9740 S.W. 123RD STREET
 MIAMI FL 33156

01 FEB 22 AM 10:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 STANTON, FRED R
 C/O THERREL BAISDEN & MEYER WEISS
 1111 LINCOLN ROAD MALL, SUITE 500
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name: Margaret de C. Brasington
 Street Address (P.O. Box Number is Not Acceptable): 9740 S.W. 123rd St.
 City: Miami FL Zip Code: 33176

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 *Margaret de C. Brasington* **DATE** 2/4/01
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

9. Capital Contributions as Shown on record. \$2,239,452.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000057016 YORK CAN CORP. 9740 SW 123RD STREET MIAMI FL 33156	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	800003784128--7 -02/28/01--01008--017 ***526.25 ***526.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Margaret de C. Brasington* **DATE** 2/4/01 **Daytime Phone #** (305) 253-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)