2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001434

1. Entity Name

THACKER ENTERPRISES, LTD.

FILED
02 JUN 24 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business: 3443 N. MOORINGS WAY
Suite, Apt. #, etc.:
City & State: COCONUT GROVE FL
Zip: 33133 Country:

3. Mailing Address: 3443 N. MOORINGS WAY
Suite, Apt. #, etc.:
City & State: COCONUT GROVE FL
Zip: 33133 Country:

DUE BY MAY 1, 2002

4. FEI Number: 65-0768147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARGARET DE C. BRASINGTON
9740 S.W. 123RD ST.
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): ~~9740 SW~~ 3443 N. MOORINGS WAY
City: COCONUT GROVE FL FL Zip Code: 33133

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. DATE

9. Capital Contributions as Shown on record. $2,239,452.00

10. Amount of Capital Contributions in FLORIDA to date. 2,239,452.00

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 #	P97000057016	STREET ADDRESS	3443 N. MOORINGS WAY
NAME	YORK CAN CORP.		
STREET ADDRESS	9740 SW 123RD STREET		
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	COCONUT GROVE FL 33133
DOCUMENT #	~~Pres~~	STREET ADDRESS	
NAME	~~MARGARET DE C. BRASINGTON~~		
STREET ADDRESS	~~3443 N. MOORINGS WAY~~		
CITY-ST-ZIP	~~COCONUT GROVE, FL 33133~~	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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CR2E003 (9/01)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02 Date
305-443-8146 Daytime Phone