

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024931

1. Entity Name

THUNDERBIRD ENTERPRISES, INC.

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90213 045 \*\*\*150.00

Principal Place of Business

2457 PEMBROKE RD  
HOLLYWOOD FL 33020

Mailing Address

6601 SW 12TH ST.  
PEMBROKE PINES FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3498433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARIN, ROY M  
6601 SW 12TH ST  
PEMBROKES PINES FL 33023

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00.**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \* ☐ Delete  
NAME P  
STREET ADDRESS PARIN, ROY M  
CITY-ST-ZIP 6601 SW 12 ST  
PEMBROKES PINES FL 33023

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

8/15/00 954-965-8796  
954-925-4931

CR2E034 (5/00)

Attachment  
D# 9800002493/  
PW80113

**TOWER'S DEPOT**  
6601 S.W. 12th Street  
Pembroke Pines, Florida 33023  
954-925-4931 Office  
954-965-8796 Home

*August 15, 2000*

**RE: FEI #: 59-3498433**

**TO WHOM IT MAY CONCERN:**

*In regards to my 2000 Uniform Business Report, please be advised that I never received my first notice. Had I received it on time I would have paid it immediately as I have in the past. I would appreciate if you would take this into consideration and accept my payment of \$150.00 as payment in full for the year 2000.*

*If you have any questions regarding this matter, please do not hesitate to call me. Thanking you in advance.*

*Sincerely,*

  
**Roy M. Martin**