

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90077 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V67934**

1. Entity Name

**THAYER MARKETING ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

7490 SW 112TH ST  
 MIAMI FL 33156  
 US

7490 SW 112TH ST  
 MIAMI FL 33156-4578  
 US

2. Principal Place of Business

**10382 SW 144<sup>th</sup> ST.**

3. Mailing Address

**10382 S.W. 144<sup>th</sup> ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FLORIDA**

City & State

**Miami FLORIDA**

Zip

**33176**

Country

**US**

Zip

**33176**

Country

**US**

4. FEI Number

**65-0373278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**THAYER, ALAN B.  
 7490 SW 112TH ST  
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

**THAYER Alan B**

Street Address (P.O. Box Number is Not Acceptable)

**10382 S.W. 144<sup>th</sup> 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

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 \$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. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	<b>PVT</b>	<input type="checkbox"/> Delete
NAME	<b>THAYER, ALAN</b>	
STREET ADDRESS	<b>7490 SW 112TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>THAYER, JACKIE</b>	
STREET ADDRESS	<b>7490 SW 112TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PVT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THAYER Alan B</b>	
STREET ADDRESS	<b>10382 SW 144<sup>th</sup> ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL. 33176</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THAYER Jackie</b>	
STREET ADDRESS	<b>10382 SW 144<sup>th</sup> ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL. 33176</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

**3/21/00**

**305-234-5757**