

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90163 008 ****61.25

DOCUMENT # 764693

1. Entity Name

**WAT BUDDHARANGSI OF MIAMI, INC., THAI BUDDHIST T
 EMPL E IN SOUTH FLORIDA**

Principal Place of Business

Mailing Address

**15200 S.W. 240 ST.
 MIAMI FL 33032**

**15200 S.W. 240 ST.
 MIAMI FL 33032**

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

59-2252614

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

**SURACHESTH, PHRAMAHA
 15200 S.W. 240 ST.
 MIAMI FL 33032**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P BOONNOM, PHRAMAHA S**
 STREET ADDRESS **15200 SW 240 ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **P. SURACHESTH BOONNOM PHRA**
 STREET ADDRESS **15200 S.W. 240 ST. MIAMI, FL 33032**
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BOONNOM, THONGCHAI**
 STREET ADDRESS **15200 SW 240 STREET**
 CITY-ST-ZIP **MIAMI FL 33032**

TITLE Change Addition
 NAME **VD BOONNOM THONGCHAI**
 STREET ADDRESS **15200 SW. 240 ST.**
 CITY-ST-ZIP **MIAMI, FL 33032**

TITLE Delete
 NAME ~~**D VICHETE, LINGVICHIAN**~~
 STREET ADDRESS **1660 NW 10 ST**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Change Addition
 NAME **D. NED THONGKHAM YONGYUT**
 STREET ADDRESS **1524 Y9 ST, AUSEWAY N. BAY VILLAGE,**
 CITY-ST-ZIP **FL 33141**

TITLE Delete
 NAME ~~**D TASANA, CHUAINDHRA**~~
 STREET ADDRESS **6845 MAIN ST**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE Change Addition
 NAME **D MOOLSIRI KHANYA**
 STREET ADDRESS **12112 LYMESTONERWAY**
 CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE Delete
 NAME ~~**T NEDTHONGKHAM, SIRIPAN**~~
 STREET ADDRESS **1524 79 STREET NORTH**
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE Change Addition
 NAME **T NEDTRANON KULNADDA**
 STREET ADDRESS **13740 SW. Y3 AVE, MIAMI, FL 33158**
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**D GLIPAPORN, SIRCHEW**~~
 STREET ADDRESS **1180 S POWERLINE RD**
 CITY-ST-ZIP **POMPANO BCH FL 33065**

TITLE Change Addition
 NAME **D HALELAM IEN VERAPONGA**
 STREET ADDRESS **5805 S.W. 131 TER, MIAMI, FL 33156**
 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 617, 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: **P. S. Boonnom PHRAMAHA SURACHESTH BOONNOM**

FEB 9, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)