

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000261

1. Entity Name

WAT FLORIDA DHAMMARAM, INC.

Principal Place of Business

2421 OLD VINELAND ROAD
KISSIMMEE FL 34746

Mailing Address

2421 OLD VINELAND ROAD
KISSIMMEE FL 34746-5837

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3165299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANTARA, YOUTH
4481 N. PINE HILLS RD.
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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

TITLE C ☐ Delete
NAME KRUAKAEW, PHRA S
STREET ADDRESS 2421 OLD VINELAND RD
CITY-ST-ZIP KISSIMMEE FL

TITLE PD ☐ Delete
NAME DEEYING, PRAYONG
STREET ADDRESS 4457 WINDERWOOD CIR.
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ Delete
NAME SUBLATANA, NARONG
STREET ADDRESS 1456 MONTEGO LANE
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ Delete
NAME SAECHIM, KESORN
STREET ADDRESS 2684 BLAOK OAK LANE
CITY-ST-ZIP KISSIMMEE FL

TITLE SD ☐ Delete
NAME VEHMANEESRI, CHAVALT
STREET ADDRESS 515 PORTLAND CIR.
CITY-ST-ZIP APOPKA FL

TITLE D ☐ Delete
NAME PRAKIT, SIATRAGUL
STREET ADDRESS 423 E ROSEWOOD LANE
CITY-ST-ZIP RAVARES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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)(l), 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:

PSISATU/REREQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2000

(407) 397-9552



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)