

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075920

1. Entity Name

NEERUDA CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90952 029 ***150.00

| | |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|

| | |
|---|---|
| 2. Principal Place of Business 1428 The Pointe Drive Suite, Apt. #, etc. | 3. Mailing Address 1428 The Pointe Drive Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| City & State West Palm Beach, FL | City & State West Palm Beach, FL |
| Zip 33409 | Zip 33409 |
| Country USA | Country USA |

| | |
|---|--|
| 4. FEI Number 65-0943110 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DARUNEE RATTANAPON
1428 The Pointe Drive
West Palm Beach, FL 33409

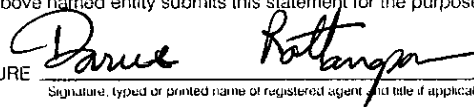
7. Name and Address of New Registered Agent

Name
DARUNEE RATTANAPON

Street Address (P.O. Box Number is Not Acceptable)
1428 The Pointe Drive

City
West Palm Beach **FL** Zip Code
33409

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  **DARUNEE RATTANAPON** **4/27/00**
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.

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 | <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 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DARUNEE RATTANAPON |
| STREET ADDRESS | 1428 The Pointe Drive |
| CITY-ST-ZIP | West Palm Beach, FL 33409 |
| TITLE | S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VIRA CHONGCHAREONTANAVAT |
| STREET ADDRESS | 1428 The Pointe Drive |
| CITY-ST-ZIP | West Palm Beach, FL 33409 |
| 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:  **DARUNEE RATTANAPON** **4/27/00** **(954) 749-4962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)