

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000261

1. Entity Name

WAT FLORIDA DHAMMARAM, INC.

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90331 009 \*\*\*\*61.25

0002186

Principal Place of Business

Mailing Address

2421 OLD VINELAND ROAD  
KISSIMMEE FL 34746

2421 OLD VINELAND ROAD  
KISSIMMEE FL 34746

639442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3165299

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

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

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

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

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

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

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

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

TITLE  
NAME  
☐ Change ☐ Addition  
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)(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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01 (407) 397-9552

Date

Daytime Phone #

CR2E037 (10/00)