

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764693

**Entity Name:** WAT BUDDHARANGSI OF MIAMI, INC., THAI BUDDHIST TEMPLE IN SOUTH FLORIDA

**FILED**  
**Feb 14, 2024**  
**Secretary of State**  
**4154290693CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2252614**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEDTRANON, KULNADDA  
15200 S.W. 240 ST.  
MIAMI, FL 33032 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BOONNOM, SURACHESTH  
Address 15200 SW 240 ST  
City-State-Zip: MIAMI FL 33032

Title VP  
Name SONGPHRA, SANIT  
Address 15200 SW 240 STREET  
City-State-Zip: MIAMI FL 33032

Title SD  
Name MOOLSIRI, KHANYA  
Address 12112 LYMESTONE WAY  
City-State-Zip: COOPER CITY FL 33026

Title VP  
Name KHONKLA, THANEE  
Address 15200 SW 240 ST.  
City-State-Zip: HOMESTEAD FL 33033

Title TD  
Name NEDTRANON, KULNADDA  
Address 13740 S.W. 73 AVE.  
City-State-Zip: MIAMI FL 33158

Title DIRECTOR  
Name THONUBOL, THITARI  
Address 15200 S.W. 240 TH STREET  
City-State-Zip: MIAMI FL 33032

Title DIRECTOR  
Name RUSSMETES, KHRUAWAN  
Address 350 SE 2ND STREET  
APT #1420  
City-State-Zip: FORT LADERDALE FL 33301

Title DIRECTOR  
Name KNATTONGCOME, SIRIPHAN  
Address 7510 BEACH VIEW DR.  
City-State-Zip: NORTH BAY VILLAGE FL 33141

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: VERAPONG HALELAM IEN**

**DIRECTOR**

**02/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HALEAMIEN, VERAPONG  
Address        2200 N.W. 102 AVE  
                  UNIT #1  
City-State-Zip: DORAL FL 33172