#### 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

VP

SIGNATURE: NIVIT POOCHAREON

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** Title Р Title ST Name POOCHAREON, NOPPORN Name Address 9475 SW 69 AVE Address 9475 SW 69 AVE City-State-Zip: MIAMI FL 33156 City-State-Zip: MIAMI FL 33156

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:

POOCHAREON, NIVIT

9475 BW 69 AVE

Electronic Signature of Registered Agent

OVIES, IDA C 3785 NW 82 AVE

302

Title

Name

Address

HOMESTEAD, FL 33030

250 N HOMESTEAD BLVD

### **Current Mailing Address:**

9475 SW 69 AVE MIAMI. FL 33156 US

#### FEI Number: 29-3297930

Name and Address of Current Registered Agent:

DOCUMENT# P1000069134

Entity Name: SUVI THAI & SUSHI HOMESTEAD, INC.

#### **Current Principal Place of Business:**

Apr 30, 2018 Secretary of State CC6040754969

Date

FILED

Certificate of Status Desired: No

# POOCHAREON, NIVIT



Date

## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DORAL, FL 33166 US

V

City-State-Zip: MIAMI FL 33156