

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A93000000294**

1. Entity Name  
**KP WATERWAY FOOD, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 17 PM 6: 07

Principal Place of Business  
11803 N.W. 13TH STREET  
PEMBROKE PINES FL 33026

Mailing Address  
11803 N.W. 13TH STREET  
PEMBROKE PINES FL 33026-4348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0392113</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**THERATHANAKORN, WICHAI**  
1033 CEDAR FALLS DR.  
FT. LAUDERDALE FL 33327

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$90,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	THERATHANAKORN, WICHAI 1033 CEDAR FALLS DR. FT. LAUDERDALE FL 33327	STREET ADDRESS	300003187393--5 -03/28/00--01074--007 ***526.25 ***526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	N/C
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	3/17
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ~~SIGNATURE REQUIRED~~ \_\_\_\_\_ DATE: MAR 13/00 (308) 931 6410 DAYTIME PHONE # \_\_\_\_\_

CFR2E003 (9/99)