

2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORM A1

DOCUMENT # A93000000294

1. Entity Name
KP WATERWAY FOOD, LTD.

FILED

02 FEB 14 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Zip Country

4. FEI Number **65-0932113**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**THERATHANAKORN, WICHAJ
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$90,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	THERATHANAKORN, WICHAJ 1033 CEDAR FALLS DR. FT. LAUDERDALE FL 33327
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	499994991314-4 -02/22/02--01058--011 ***526.25 ***526.25
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FBB 6/02

Date _____ Daytime Phone # _____

STAPLE CHECK HERE

119.07(3)(i) 620.020