FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 29, 2002 8:00 am **DOCUMENT #** F9800000107 Secretary of State 1. Entity Name 01-29-2002 90080 032 ***150 00 SIMPLY THAI, INC. Principal Place of Business Mailing Address 875 E BLOOMINGDALE AVE 10026 KENLAKE DRIVE _ CICLIVUU BRANDEN FL 33511 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3488855 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEIN, WANG Street Address (P.O. Box Number is Not Acceptable) 8718 SOMERSWORTH PL. **TAMPA FL 33634** City Zip Code FL 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) FILE NOW!!!- FEE IS-\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE President ☐ Addition NAME TUNUTTITUM, PORNTIP J NAME June Po-Rogers STREET ADDRESS 10026 KENLAKE DRIVE STREET ADDRESS 19026-KeNIAKE-Drive CITY-ST-ZIP **RIVERVIEW FL 33569** CITY-ST-ZIP RIVERVIEW, FC. 33569 TITLE. ☐ Delete TITLE Vice-fresilut Addition PORTIP J. TUNUTTIUM 10026 KeWIAKE Drive ROGERS, JUNE P NAME NAME STREET ADDRESS 10026 KENLAKE DRIVE STREET ADDRESS CITY-ST-7IP RIVERVIEW FL 33569 CITY-ST-ZIP Riverview, FC. 38569 TITLE ☐ Delete TITLE Change ☐ Addition NAME ROGERS. CURTIS D NAME STREET ADDRESS 10026 KENLAKE DRIVE STREET ADDRESS CITY-ST-ZIP RIVERVIEW FL 33569 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Délète ---ΤΊΤΙ Ε Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like appowered.