

2001 UNIFORM BUSINESS REPORT (UBR)

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G55290

DOCUMENT # G55290

1. Entity Name

ROYAL THAI RESTAURANT, INC.

LA

FILED

01 JUN 28 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10648 NW FONTAINEBLEAU BLVD.
MIAMI FL 33172

Mailing Address

10648 NW FONTAINEBLEAU BLVD.
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2447018

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVIES, IDA C P.A.
2307 DOUGLAS RD
STE 400
CORAL GABLES FL 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO
POOCHAREON, NOPPORN
8751 SW 89 AVE.
MIAMI FL

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
POOCHAREON, NOPPORN
8751 SW 89 AVE.
MIAMI FL

Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOPPORN POOCHAREON
PRESIDENT

15/01

663-9143

Daytime Phone

Attachment

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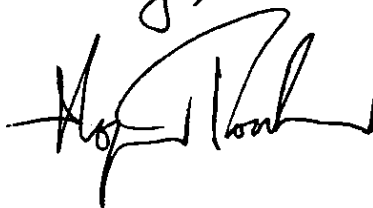
June 1, 2001

To whom it may concern:

This letter is regarding the 2001 Uniform Business Report and required fee. On April 15, 2001, I sent a check of \$150.⁰⁰ along with the annual form. The reason I am writing is because now it is June 1, and the check has not yet cleared the bank. We are worried you did not received the check and our report. (Please see the enclosed copy of the check and form.)

If you did not received the check and the report, please send me another copy of the form so that I can file it again. Thank you very much.

Sincerely,



NOPPORN POCHAROEN

(305) 663-9143