

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005498

1. Entity Name

AMPAITHAI, L.C.

Principal Place of Business

5560 PACIFIC BLVD. #413
BOCA RATON FL 33433

Mailing Address

5560 PACIFIC BLVD. #413
BOCA RATON FL 33433-6790

2. Principal Place of Business

6000 GLADE ROAD

3. Mailing Address

5580 PACIFIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

U.S.A.

Zip

33433

Country

USA

APPROVED AND FILED

00 APR 08 PM 8:19 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MMN

4. FEI Number

65-0944691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL
290 NW 165 STREET
PLAZA 100
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name CHANINUN SUCHINPARN

Street Address (P.O. Box Number is Not Acceptable) 5580 PACIFIC BLVD # 524

City BOCA RATON

FL

Zip Code 33433

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 CHANINUN SUCHINPARN OWNER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/14/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUCHINPARN, CHANINUN 5560 PACIFIC BLVD #413 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUCHINPARN CHANINUN 5580 PACIFIC BLVD # 524 BOCA RATON FL USA 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4000003236644-1 -05/03/00--01046--012 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/14/00

Date

(561) 9012908

Daytime Phone #

CR2E083 (9/99)