

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - **L99000005498**

1. Entity Name

AMPAITHAI, L.C.

Principal Place of Business

**6000 GLADE ROAD
BOCA RATON FL 33431**

Mailing Address

**5580 PACIFIC BLVD., # 524
BOCA RATON FL 33433**

FILED

01 SEP 24 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2900 WEST SAMPLE RD.

3. Mailing Address

9957 ROBINS NEST RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

BOCA RATON FL

4. FEI Number

65-0944691

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUCHINPARM, CHANINUN
5580 PACIFIC BLVD., # 524
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

SUCHINPARM, CHANINUN

9957 ROBINS NEST RD

BOCA RATON

FL

Zip Code

33496

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]

CHANINUN SUCHINPARM

09/10/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **SUCHINPARM, CHANINUN**
STREET ADDRESS **5580 PACIFIC BLVD., # 524**
CITY-ST-ZIP **BOCA RATON FL 33433**

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TITLE
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10. ADDITIONS/CHANGES

TITLE **MGRM**
NAME **SUCHINPARM CHANINUN**
STREET ADDRESS **9957 ROBINS NEST RD**
CITY-ST-ZIP **BOCA RATON FL 33496**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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

[Signature] **CHANINUN SUCHINPARM**

Date

Daytime Phone #

09/10/01

STAPLE CHECK HERE

CR2E083 (5/01)