

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M49724

1. Entity Name  
SSADA, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90050 041 \*\*\*150.00

Principal Place of Business

3055 NW 72 AVE  
MARGATE FL 33063

Mailing Address

3055 NW 72 AVE  
MARGATE FL 33063

00015510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0039647

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KHANTAVETH, ANONG T.  
3055 NW 72 AVE  
MARGATE FL 33067

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD  
NAME KHANTAVETH, ANONG T.  
STREET ADDRESS 7780 NW 46 CT  
CITY-ST-ZIP LAUDERHILL FL 33351-5716 ☐ Delete

TITLE TD  
NAME KHANTAVETH, SOMCHART  
STREET ADDRESS 7780 NW 46 CT  
CITY-ST-ZIP LAUDERHILL FL 33351-5716 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME KHANTAVETH ANONG T  
STREET ADDRESS 3055 NW 72 AVE.  
CITY-ST-ZIP MARGATE, FL. 33063 ☒ Change ☐ Addition

TITLE TD  
NAME KHANTAVETH SOMCHART  
STREET ADDRESS 3055 NW 72 AVE.  
CITY-ST-ZIP MARGATE, FL. 33063 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Anong Khantaveth President

Date 1/25/2001

Daytime Phone # (954) 575-9935

CR2E034 (10/00)