

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002751

1. Entity Name

WAT PRA-KEO, INC.

Principal Place of Business

404 BAY BERRY DR.
LAKE PARK FL 33403

Mailing Address

404 BAY BERRY DR.
LAKE PARK FL 33403

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

65-0673066

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

NACHAMPASSAK, CHAO-VIENG
404 BAY BERRY DRIVE
LAKE PARK FL 33403

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	NACHAMPASSAK, CHAO-VIENG	404 BAY BERRY DRIVE	LAKE PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	THANSAMAI, WALAIPOORN	404 BAY BERRY DRIVE	LAKE PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BRIAN, EDWARD	404 BAY BERRY DRIVE	LAKE PARK FL 33403	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	NACHAMPASSAK, KHAMKHAY MRS	404 BAY BERRY DR	LAKE PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

FILED

Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90088 003 ***175.00

B0137998



DO NOT WRITE IN THIS SPACE

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WAT PRA-KEO, INC.
REQUIRED