2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037382

1. Entity Name

CHINATOWN MANAGEMENT, INC.

0062017   AV

Principal Place of Business	Mailing Address
11500 SW 62ND AVENUE	11500 SW 62ND AVENUE
MIAMI FL 33156	MIAMI FL 33156

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number **65-1003836** — Applied For / Not Applicable
Zip	Country	Zip	Country	**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
SAENGSUKVIRASATHIEN , CHUCHUEN	Name
3101 PGA BOULEVARD, #L-217	Street Address (P.O. Box Number is Not Acceptable)
PALM BEACH GARDENS FL 33410-2834	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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution.   ☐   Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PTD**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **SAENGSUKVIRASATHIEN , CHUCHUEN**		NAME	
STREET ADDRESS **11500 SW 62ND AVENUE**		STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33156**		CITY-ST-ZIP	
TITLE **VSD**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **KONGKITKUL, NITHIMA**		NAME	
STREET ADDRESS **3101 PGA BOULEVARD, #L-217**		STREET ADDRESS	
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410-2834**		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (4/03)

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 607, 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: ✓ SIGNATURE REQUIRED   7-17-03   305 790-5723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #