

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90061 009 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

Y.S. INTERNATIONAL DESIGN CORP  
FD00000057404 ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

199 W Palmetto Park Rd

3. Mailing Address

Box 5032

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Boca Raton FL

City &amp; State

Boca Raton FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

65-1018074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name PRAITAK, Siriwat

Street Address (P.O. Box Number is Not Acceptable)

199 W Palmetto Park Rd

City Boca Raton FL

Zip Code

33432

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

4/2/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back)☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P S V P S  
NAME SIRIWAT, PRAITAK  
STREET ADDRESS 199 W. PALMETTO PARK RD  
CITY-ST-ZIP BOCA RATON FL 33432

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)