

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90724 038 ***150.00

DOCUMENT # P00000057404

1. Entity Name
Y S INTERNATIONAL DESIGN CORP.



Principal Place of Business
199 WEST PALMETTO PARK ROAD
SUITE 1
BOCA RATON FL 33432

Mailing Address
BOX 5032
DEERFIELD BEACH FL 33442



2. Principal Place of Business

350 CAMINO REAL BOCA RATON FL

Suite, Apt. #, etc.
Bldg 6, STE 106

City & State
BOCA RATON, FL

Zip
33432

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-1018074**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIRIWAT, PRATAK
199 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ **Delete**
NAME **SIRIWAT, PRATAK**
STREET ADDRESS **199 WEST PALMETTO PARK ROAD, SUITE 1**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ **Change** ☐ **Addition**
NAME **SIRIWAT PRATAK**
STREET ADDRESS **350 CAMINO REAL BOCA RATON FL 33432**
CITY-ST-ZIP **Bldg 6, STE 106 BOCA RATON FL 33432**

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

Daytime Phone #

CR20034 (10/02)