

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087408

1. Entity Name

THAI CHA-DA, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90359 048 ***150.00

0627806

818799



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

518 E. MEMORIAL BLVD.
LAKELAND FL 33801-1844

518 E. MEMORIAL BLVD.
LAKELAND FL 33801-1844

2. Principal Place of Business

518 E. Memorial Blvd.

3. Mailing Address

4644 Kings Point Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-3672582

Applied For

Not Applicable

Zip

33801

Country

Zip

33813

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAIYASARIKUL, PRASERT
4644 KINGS POINT CT.
LAKELAND FL 33813

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 D ☐ Delete
NAME CHAIYASARIKUL, PRASERT
STREET ADDRESS 4644 KINGS POINT CT.
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ Delete
NAME CHAIYASARIKUL, GUNTICHA
STREET ADDRESS 4644 KINGS POINT CT.
CITY-ST-ZIP LAKELAND FL 33813

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prasert Chaiyasarikul

Date

5/29/01 (863) 687-9196

Daytime Phone #

CR2E034 (10/00)