

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90030 039 ***150.00

0080270 AV

DOCUMENT # P00000101380

1. Entity Name

THAMNAK-THAI, INC.

Principal Place of Business

**3203 GIULIANO AVE.
 LAKE WORTH FL 33461**

Mailing Address

**3203 GIULIANO AVE.
 LAKE WORTH FL 33461**

2. Principal Place of Business

3. Mailing Address

4903 S. US. HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL Pierce

4. FEI Number

65-1053396

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 334982

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

CHIANGNGERN, NAMTIP

3203 GIULIANO AVE.

LAKE WORTH FL 33461

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CHIANGNGERN, NAMTIP	
STREET ADDRESS	3203 GIULIANO AVE.	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
977860

HP000006/01380

August 16, 2001

Re: 2001 uniform business report (UBR)

To: Department of state

This is my first restaurant business and I just receive the uniform that show I have to pay \$550.00 for file fee so I called to check with the officer. It is very expensive for a small business and the reason is I did not receive the first uniform because the restaurant is not the same locate. So he told me to send \$150.00 fee and explain to Department of state by writing a letter and send it with the uniform.

I hereby certified that it is true.

Thank you

Namtip Chiangngern

