

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111147

1. Entity Name
PORNIPAWAN INC.

Principal Place of Business
11328 OKEECHOBEE BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address
12300 ORANGE GROVE BLVD.
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TASANABRIBOON, PAVANA~~
~~12300 ORANGE GROVE BLVD.~~
~~ROYAL PALM BEACH FL 33411~~

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 *Pavana Tasanabriboon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10.8.01

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 ☐ Delete
NAME **D**
STREET ADDRESS **TASANABRIBOON, PAVANA**
CITY-ST-ZIP **12300 ORANGE GROVE BLVD.**
ROYAL PALM BEACH FL 33411

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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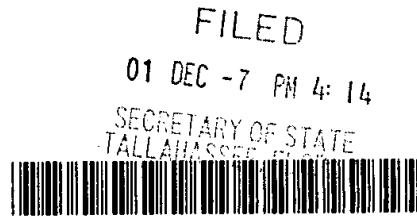
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Pavana Tasanabriboon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 10.8.01

DAYTIME PHONE # 561.333.8005



REINSTATEMENT 01 18
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1059205 Applied For Not Applicable

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

9888200 AV

CR2E034 (5/01)