

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-27-2002 90024 033 ***150.00

DOCUMENT # P01000014336

1. Entity Name

TEADWATANASUK, INC.

Principal Place of Business

**15513 SW 147TH CT.
MIAMI FL 33187**

Mailing Address

**15513 SW 147TH CT.
MIAMI FL 33187**

2. Principal Place of Business

8591 NW 8ct.

3. Mailing Address

8591 NW 8ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COVINGTON SPRINGS

City & State

COVINGTON SPRINGS

Zip

33071-7160

Country

USA

Zip

33071-7160

Country

USA

4. FEI Number

65-1075888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TEADWATANASUK, WUTHIKRAI
15513 SW 147TH CT.
MIAMI FL 33187**

7. Name and Address of New Registered Agent

Name

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

8591 NW 8ct

City

COVINGTON SPRINGS

FL

Zip Code

33071

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

2-15-02

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, 2002 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 **TEADWATANASUK, WUTHIKRAI**
STREET ADDRESS **15513 SW 147TH CT.**
CITY-ST-ZIP **MIAMI FL 33187**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **8591 NW 8ct**
CITY-ST-ZIP **COVINGTON SPRINGS FL 33071**

TITLE **DIV** ☐ Change ☒ Addition
NAME **TEADWATANASUK, PRAMES**
STREET ADDRESS **8591 NW 8ct**
CITY-ST-ZIP **COVINGTON SPRINGS FL 33071**

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

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

2-15-02

Date

954-733-0069

Daytime Phone #

CR2E034 (9/01)