

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90734 047 \*\*\*150.00

DOCUMENT # PD1000017089  
1. Entity Name  
ANOTHER GREEN GROVE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>39795 SW 208 Ave.</u> Suite, Apt. #, etc.	3. Mailing Address <u>39795 SW 208 Ave.</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>HOMESTEAD FL</u>	City & State <u>HOMESTEAD FL</u>	4. FEI Number <u>65-107782</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33034</u>	Country <u>USA</u>	Zip <u>33034</u>	Country <u>USA</u>

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name SOMCHAI THONGKAI  
Street Address (P.O. Box Number is Not Acceptable)  
39795 SW 208 Ave  
City HOMESTEAD FL Zip Code 33034

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 \_\_\_\_\_ (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.   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D SOMCHAI THONGKAI 39795 SW 208 AVE HOMESTEAD FL 33034</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D PRATIN THONGKAI 39795 SW 208 AVE. HOMESTEAD FL 33034</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D SUVICHAR THONGKAI 39795 SW 208 AVE. HOMESTEAD FL 33034</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.  
SIGNATURE: Somchai Thongkai 4/1/02 305-247-9492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)