

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025793

1. Entity Name  
S.V.M. LOGISTIC, INC.

Principal Place of Business  
710 EXECUTIVE CENTER DRIVE, STE 8-12  
WEST PALM BEACH FL 33401

Mailing Address  
710 EXECUTIVE CENTER DRIVE, STE 8-12  
WEST PALM BEACH FL 33401

2. Principal Place of Business  
710 Executive Center Drive

3. Mailing Address  
710 Executive Center Drive

Suite, Apt. #, etc.  
Suite 11-12

Suite, Apt. #, etc.  
Suite 11-12

City & State  
W. Palm Beach, FL

City & State  
W. Palm Beach, FL

Zip  
33401

Country

Zip  
33401

Country  
USA

4. FEI Number  
65-1098151 221703

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SAKKARAVIJ, BUNDIT  
710 EXECUTIVE CENTER DRIVE, STE 8-12  
WEST PALM BEACH FL 33401

## 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 *Bundit*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
Apr. 14, 2002

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 NAME STREET ADDRESS CITY-ST-ZIP	President Mr. Bundit Sakkaravij 710 Executive Center Dr. 11-12 W. Palm Beach, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Mr. Niran Boonyoo 710 Executive Center Dr. 11-12 W. Palm Beach, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Mrs. Bussara Boonyoo 710 Executive Center Dr., 11-12 W. Palm Beach, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bundit* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
Apr. 14, 2002 (561)

Daytime Phone #

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

05-01-2002 91614 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CH2E034 (9/01)