2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P0100039793 1. Entity Name PAYATHAI CORPORATION						N1ar 03, 2002 8:00 am Secretary of State 03-03-2002 90077 005 ***150.00				
Principal Place of Business Mailing Address 2503 VISION DRIVE 2503 VISION DRIVE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418										
2. Principal P 5879 S	lace of Business Congress Ave	3. Mailing Address 5879 S Congress Ave				- E REBOLDERA FOL EDIENA ALBIA DERIAL BERTA DERIAL DERIAL DELIAN FOLIAL				
Suite, Apt. #, etc. Suite, Apt. #, etc.			_			DO NOT WRITE IN THIS SPACE				
City & State Atlant:		City & State Atlantis, Fl			4.	FEI Number 65–10961.07			plied For t Applicable	
Zip 33462-1	1333 Country Palm Beach	^{Zip} 33462-1333	Coun Pal	try .m Beac	in	Certificate of Status Desired	□ Fee	.75 Add Require		
	6. Name and Address of Current I	Registered Agent			7.	Name and Address of New Re	egistered Age	nt		
SRIVICHAR, CHARTNARONG 2503 VISION DRIVE PALM BEACH GARDENS FL 33418					Sintu ddress (P.O. 1 9 S Co	nra Box Number is Not Acceptable ongress Avenue)			
				CitX t 1	antis	intis \mathbf{FL} $\begin{array}{c} \text{Zip Code} \\ 33462-13 \end{array}$				
8. The above	pamed entity submits this statement for	the purpose of changing its	register			gent, or both, in the State of Flo	rida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	PAT SINT			re required when	reinstating)	DATE	lor		
Tax filing requirement and elects to do so. After May 1, 200			2 Fee	FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Fina Trust Fund Contribution			0 May Be to Fees	
11.	OFFICERS AND I		12.			ODITIONS/CHANGES TO OFFI	CERS AND DII	RECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Srivichar, Chartnarong 2503 Vision Drive Palm Beach Gardens FL 334	X Delete			2400 \$	intura Springdale Blvd, Worth, Fl 33461	#P - 214	Change	Addition 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEPTONPAN, CUI X 2400 SPRINGDALE BLVD #P-214 LAKE WORTH FL 33461	∵ □ Delete						Change	Addition	
TITLE D/P NAME STREET ADDRESS CITY-ST-ZIP	Pat Sintur e 2499 - Sest relido 444 Dake Politic E 300	□ Delete □ , JS-214 EL				- · · - ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete		I				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete						Change	Addition .	
13. I hereby of indicated of the corporated,	certify that the information supplied with on this report or supplemental report is poration or the receiver or rustee empor or on an attachment with an address, w	this filing does not qualify for true and accurate and that m wered to execute this report a ith all other like empowered.	the exer y signal as requi	mption state ture shall ha red by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(i), Florida Statutes. I legal effect as if made under o ida Statutes; and that my name	further certify tath; that I am a appears in Ell	that the in an officer ock 11 or	formation or director Block 12 if	

561-967-0333