FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91116 015 ***150.00

DOCUMENT # P01000075695

1. Entity Name
MELBOURNE WATSAN, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
75 E. NASA BLVD.	141 20TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Vero Beach, FL
Zip: 32935 Country: USA	Zip: 32962 Country: USA

4. FEI Number: 59-3756163 ☐ Applied For ☐ Not Applicable

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: CHATCHAI NAKORNPRAI

Street Address (P.O. Box Number is Not Acceptable): 141 20TH AVENUE

City: Vero Beach FL Zip Code: 32962

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: _____ DATE: 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
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	PRESIDENT/SECRETARY
NAME	CHATCHAI NAKORNPRAI
STREET ADDRESS	141 20TH Avenue
CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	VP
NAME	SUVIT WATSANSEREKUL
STREET ADDRESS	13662 57TH PLACE N
CITY-ST-ZIP	West Palm Beach, FL 33411
TITLE	TREASURER
NAME	ARPON NUAMPATOM
STREET ADDRESS	141 20TH Avenue
CITY-ST-ZIP	Vero Beach, FL 32962
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CR2E034B (12/01)

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: _____ 4/29/02 569-2889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #