

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90060 042 ***150.00

DOCUMENT # PD1000085785	
1. Entity Name THAI AVE, INC.	

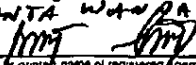
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6920 STIRLING RD		3. Mailing Address SAHE	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State HOLLYWOOD FLA		City & State SAHE	
Zip 33024	Country BARBADOS	Zip -	Country -

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134922		Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

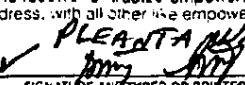
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name PLEANTA WANNASIRIPONG	
	Street Address (P.O. Box Number is Not Acceptable) 201 BERKLEY RD APT 103	
	City HOLLYWOOD FL Zip Code 33024	

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. I am familiar with, and accept the obligations of registered agent. PLEANTA WANNASIRIPONG - P, VP, S, T.	
SIGNATURE 	DATE MAY 16 2003

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$500.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE P, VP, T, S	NAME PLEANTA WANNASIRIPONG	TITLE	NAME
STREET ADDRESS 6620 S.W. 39th ST B4-A5	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY- ST- ZIP DAVIE FLA 33314	CITY- ST- ZIP	CITY- ST- ZIP	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
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12. 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 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE: 5/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLEANTA WANNASIRIPONG; PRES.	DATE: 954 9666332 954 9817336

CR2E034R (12/02)