FILED
Jun 23, 2003 8:00 am
Secretary of State
06-23-2003 90060 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085785

1. Entity Name: THAI AVE. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6920 STIRLING RD
Suite, Apt. #, etc. —
City & State: HOLLYWOOD FLA
Zip: 33024 Country: BROWARD

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State: SAME
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
C/O H. CERRATI
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.

SIGNATURE: PLEANTA WANNASIRIPONG - P, VP, S, T. [signature] MAY 16 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, VP, T, S	TITLE	
NAME	PLEANTA WANNASIRIPONG	NAME	
STREET ADDRESS	6620 S.W. 39th ST B4-A5	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FLA 33314	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034R (12/02)

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: PLEANTA WANNASIRIPONG; PRES. [signature] 5/16/03 954 966 6332 / 954 981 7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #