

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116774

1. Entity Name

THAI CORNER RESTAURANT CORPORATION

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90052 023 ***150.00

0003897 AT

Principal Place of Business

401 WEXDON CT 3755 LAKE EMMA RD.
LAKE MARY FL 32746

Mailing Address

461 WEXDON CT
LAKE MARY FL 32746

80065377

2. Principal Place of Business

3755 LAKE EMMA RD.

3. Mailing Address

461 WEXDON CT.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

LAKE MARY, FL.

City & State

LAKE MARY, FL.

4. FEI Number

01-0605655

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

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

6. Name and Address of Current Registered Agent

CHANTARA, YOUTH
 4489 N PINE HILLS RD
 ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

N/A

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DP ☐ Delete
 NAME SIVAPHORNACHAI, PHAISAN P
 STREET ADDRESS 461 WEXDON CT
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
 NAME FERRIS, JAMES
 STREET ADDRESS 461 WEXDON CT
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Sivaphornachai
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/02 (407) 444-7411

CR2E034 (9/01)

Attachment
Document #
PO1000116774

02/28/2002 13:03 FAX 6314774891

IRS TELETYPE

001/001

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

Keep a copy for your records.

1 Name of applicant (Legal name) (See instructions.) PHAISAN P. SIVAPHORNCHAI		01-0605655	
2 Trade name of business (if different from name on line 1) THAI CORNER RESTAURANT CORPORATION		3 Executor, trustee, "care of" name CORPORATION	
4a Mailing address (street address) (room, apt., or suite no.) 461 WEXIDON CT.		4b Business address (if different from address on lines 4a and 4b) 3735 LAKE EMMA RD.	
4b City, state, and ZIP code LAKE MARY, FL. 32746		5b City, state, and ZIP code LAKE MARY, FL. 32746	
5 County and state where principal business is located SEMINOLE COUNTY, FLORIDA.			
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) PHAISAN P. SIVAPHORNCHAI (PRESIDENT OF CORPORATION)			
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify)			
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input checked="" type="checkbox"/> Other corporation (specify) SMALL BUSINESS CORPORATION <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country N/A	
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) SMALL BUSINESS CORPORATION <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type)			
10 Date business started or acquired (Mo., day, year) (See instructions.) DEC. 10 2001 (REGISTER FOR CORP.)		11 Closing month of accounting year (See instructions.) DECEMBER	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) JULY 03 2002			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (See instructions.)			
Nonagricultural 12		Agricultural N/A	
Household N/A			
14 Principal activity (See instructions.) RESTAURANT			
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used			
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name N/A Trade name N/A			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) DEC. 10 2001 City and state where filed LAKE MARY, FLORIDA. Previous EIN N/A			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) PHAISAN P. SIVAPHORNCHAI Signature P. Sivaphornchai Title ATTN: P. SIVAPHORNCHAI (CORPORATION'S PRESIDENT) Business telephone number (include area code) (407) 323-2849 Fax telephone number (include area code) (407) 444-7380			
Date 02/18/02			
Please leave blank			
Geo. INC. Class Size Reason for applying			

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 15055N

Form SS-4 (Rev. 12-95)

Detach 2553

EP
016

RECEIVED

FEB 14 2002

ATSC INS #1017