2002 UNIFORM BUSINESS REPORT (UBR)

Apr 15, 2002 8:00 am DOCUMENT # P01000116774 **Secretary of State** 1. Entity Name THAI CORNER RESTAURANT CORPORATION 04-15-2002 90052 023 ***150 00 Principal Place of Business Mailing Address 401 WEXDON CT 3755 LAKE EMMA Rd. 461 WEXDON CT **60065377** LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address 461 WEXDON 3755 LAKE EMMA Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. N/A N/A City & State Applied For City & State 4. FEI Number 01-0605655 AKE MARY Not Applicable MARY , FL LAKE Country \$8.75 Additional Country 5. Certificate of Status Desired 32746 USA 32746 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHANTARA, YOUTH Street Address (P.O. Box Number is Not Acceptable) 4489 N PINE HILLS RD ORLANDO FL 32808 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 ☐ Change ☐ Addition TITLE TITLE Delete SIVAPHORNACHAI, PHAISAN P NAME NAME STREET ADDRESS **461 WEXDON CT** STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME FERRIS, JAMES NAME STREET ADDRESS 461 WEXDON CT STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; 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

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

AHachment Document # PO1000116774

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IRS TELETIN

UWV.	, \$\$.4 , December 1899	(For use by .			artnerships, trusts, esta duals, and others, See in	Numbe		JM .	
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ايـ``	PHAISAN P. SIVAPHOBNICHAL					$-$ 0 $^{\prime}$	<u>- 01</u>	<u>ما 50 م</u>	<u> 57</u>
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8	THAI CORNER RESTAURANT CORPORATION 4a Mailing address (street address) (room, apt., or suite no.)				CORTORATION	illerest from	address	on liner An	nod Abi
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ا د `	461 WEXTON CT. 4b City, state, and ZIP code				3735 LAKE EMMA Rd, "". Sb City, State, and ZIP code				
É					1 .7				
-51	LAKE MARY, FL . 32746 County and stata where principal business is located								
9	SEMINOLE COUNTY, FLORIDA.								
E.	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.)								
- 1	PHAISAN P. SIVAPHORNCHAI (PRESIDENT OF CHARRIST)								
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	Sole proprietor (SS				an administrator-SSN				_ , _
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	Created a pension	plan (specify type) >			Other	specify)	>	
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