**FILED** 

Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90056 026 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P02000002106

1. Entity Name

SUSHI SIAM OF AVENTURA, INC.



Principal Place of Business Mailing Address	
7510 BEACH VIEW DRIVE 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141	
Principal Place of Business     3. Mailing Address	
	orina senere marite marite marite marite marite allere (1004 tetati marite alife (60)
Suite, Apt. #, etc.  Suite, Apt. #, etc.	CHECK HERE IF MAKING CHANGES
City & State City & State 4. FEI Number	
7in 60-00	22555 Applied For Not Applicable
Country Zip Country 5. Certificate of Sta	atus Desired S8.75 Additional
6. Name and Address of Current Registered Agent 7. Name and Address	Fee Required ess of New Registered Agent
NETHONGKOME, YONGYUTH	edd of New Registered Agent
1260 N.E. 97 STREET Street Address (P.O. Box Number is No	,
MIAMI SHORES FL 33138	ot Acceptable)
MICHAEL OF TONES PE 33 138	
City	Zíp Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.	FL Zip Code
the obligations of registered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  9. Election C Trust Fund	Campaign Financing \$5.00 May Be
	d Contribution. Added to Fees
THE ID OFFICERS AND DIRECTORS 11. ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS IN 11
NAME NETHONGKOME, YONGYUTH Delete TITLE NAME	Change
STREET ADDRESS 1260 N.E. 97 STREET	,
CITY-ST-ZIP MIAMIT SHUKES FL 33138	
TITLE D  NAME NETHONGKOME SIDIDHAM  Delete TITLE VPD	
	Change Addition
CITY-ST-ZIP MIAMI SHORES EL 22120	JAKITAHN
TITLE MILAMI SHOKES	FLORIDA 33138
NAME L Delete TITLE	☐ Change ☐ Addition
STREET ADDRESS NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE	
NAME NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	
CITY-ST-ZIP	
NAME L Delete TITLE	☐ Change ☐ Addition
STREET ADDRESS NAME	
CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME Delete TITLE	☐ Change ☐ Addition
STREET ADDRESS	1
CITY-ST-ZIP CITY-ST-ZIP	

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

SIGNATURE:(X

Daytime Phone #