


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000023805	
1. Entity Name SUSHI'N THAI RESTAURANT CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3755 Hollywood Blvd Suite, Apt. #, etc.	3. Mailing Address 261 N.W. 16 Street Suite, Apt. #, etc.
City & State Hollywood, Fl	City & State Pompano Beach, Fl
Zip 33021	Country USA
Zip 33060	Country USA

DO NOT WRITE IN THIS SPACE

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DO NOT WRITE IN THIS SPACE	4. FEI Number 45-0468445		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Saraseren Mongkolsindhu Street Address (P.O. Box Number is Not Acceptable) 1801 N.E. 179 Street City North Miami Beach FL Zip Code 33162		

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.

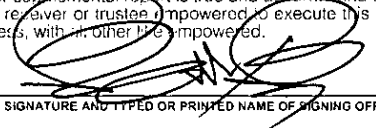
SIGNATURE  Saraseren Mongkolsindhu 9/25/03
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP Saraseren Mongkolsindhu 1801 N.E. 179 Street North Miami Beach, Fl 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Sevee Mongkolsin 18600 N.E. 23 Court North Miami Beach, Fl 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023420264 09/30/03--01034--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kamolwan Chatmonmart 5659 S.W. 36 Street Hollywood, Fl 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 the empowered.

SIGNATURE:  Saraseren Mongkolsindhu, President 9/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

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SUSHI N THAI RESTAURANT CORP.

3755 Hollywood Boulevard

Hollywood, Fl 33021-6810

Telephone: (954) 987-8569

September 25, 2003

Division of Corporation

P. O. Box 6327

Tallahassee, Fl 32314

Re: Reinstatement P02000023805

My accountant just notified us that there was no payment being made for 2003 annual report. For some reasons, we did not receive the report.

Enclosed is our 2003 report. Please accept our check in the amount \$150.00 as filing fee.

Your consideration is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to be 'Sarasern Mongkolsindhu', written over a circular stamp or seal.

Sarasern Mongkolsindhu

President