FILED

2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR**) Secretary of State P02000049938 DOCUMENT # 04-28-2003 90960 045 ***150.00 WANGBOONCHALCONSULTING, INC. Principal Place of Business Mailing Address 11282 SW 9 COURT 11282 SW 9 COURT PEMBROKE PINES FL 93925 PEMBROKE PINES FL 33025 Principal Place of Business 3. Mailing Address COLLINS 99 COLLINS Suite Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number Not Applicable ountry \$8.75 Additional 5. Certificate of Status Desired M-DADE MIAMI-0204 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **UDELL. MICHAEL 8** Street Address (P.O. Box Number is Not Acceptable) Dr. Svite W7 11282 SW 9 COURT PEMBROKE PINES FL 33025 CityDavie 8. The above named entity submits this statement 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 ager 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Newman Robert D CR2E034 (10/02) TITLE TITLE Change Delete NEWMAN, ROBERT 5400 S. University Dr. NAME NAME STREET ADDRESS 11282 SW 9-COURT STREET ADDRESS Davie FL 33328 PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIP wanaboonchai, Suradech & Change TITLE TITLE ☐ Delete WANGBOONCHAI, SURADECH 5400 S. University Dr. #117 NAME NAME STREET ADDRESS 11282-SW 9 COURT STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change -Addition -⊟-Defete-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition

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 Block 11 if changed, or on an attachment with a

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP