

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90976 012 \*\*\*150.00

**DOCUMENT # P02000061857**

1. Entity Name  
**SIAM-INDOCHINE IMPORTS LIMITED, INC.**



Principal Place of Business  
**2844-T STIRLING ROAD  
HOLLYWOOD FL 33020**

Mailing Address  
**2844-T STIRLING ROAD  
HOLLYWOOD FL 33020**

2. Principal Place of Business  
**1855 GRIFFIN RD.**

3. Mailing Address  
**1855 GRIFFIN RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A-407**

**A-407**

City & State  
**DANIA BEACH, FL**

City & State  
**DANIA BEACH, FL**

Zip  
**33004**

Country  
**USA**

Zip  
**33004**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**41-2043109**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**KELLEY, CHRISTOPHER P  
11098 BISCAYNE BLVD., SUITE 205  
MIAMI FL 33161**

## 7. Name and Address of New Registered Agent

Name  
**HARRY C. ROBERGE**

Street Address (P.O. Box Number is Not Acceptable)

**441 NE 115 ST.**

City  
**MIAMI**

**FL**

Zip Code  
**33161**

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 **Harry C. Roberge, HARRY C. ROBERGE**

**4-24-03**

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 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  
**D  
ROBERGE, HARRY C  
441 N.E. 115 STREET  
MIAMI FL 33161** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: **Harry C. Roberge, HARRY C. ROBERGE** **4/24/03** **354-929-1060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)