

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038863

1. Entity Name
NUM-THAI RESTAURANT, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90008 011 ***150.00

Principal Place of Business
103200 OVERSEAS HWY
KEY LARGO FL 33037
US

Mailing Address
103200 OVERSEAS HWY
KEY LARGO FL 33037
US

102090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0586030

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORNPRINYA, TONY
10800 BISCAYNE BLVD
#645 988
MIAMI FL 33161

Name TONY PORNPRINYA

Street Address (P.O. Box Number is Not Acceptable)
10800 BISCAYNE BLVD # 988

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.

SIGNATURE *P. Prinya*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME RUSSMETES, PANYAPORN
STREET ADDRESS 2935 N.E. 163RD STREET, APARTMENT 3C
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (305) 893 8989
Date Daytime Phone #

CR2E034 (10/00)