

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-07-2003 90306 025 \*\*\*150.00

0043999  
AV

**DOCUMENT # P95000093236**

1. Entity Name  
**OLD SIAM INTERIORS, INC.**



Principal Place of Business <b>4100 NE 2 AVE 103 MIAMI FL 33137 US</b>	Mailing Address <b>4100 NE 2 AVE 103 MIAMI FL 33137 US</b>
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**55052586**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0632050**  
Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>PD USAMANONT, NATHAVUT 4100 NE 2 AVE MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JULY 18, 2003** **(305) 438-0048**

CP2E034 (4/03)

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/7/2003-90306-025-\$150.00-\$150.00

DOCUMENT # P95000093236

1. Entity Name

OLD SIAM INTERIORS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4100 NE 2 AVE

Suite, Apt. #, etc.

103

City & State

MIAMI, FL 33137

Zip

Country

3. Mailing Address

4100 NE 2 AVE

Suite, Apt. #, etc.

103

City & State

MIAMI, FL 33137

Zip

Country

55052586

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0632050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE  
IN THIS SPACE

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

NATHAVUT USAMANONT

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

(NOTE: Registered Agent signature required when recasting)

DATE

6-28-03

January 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 PD  
NAME USAMANONT, NATHAVUT  
STREET ADDRESS 4100 NE 2 AVE  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

6-19-03

Date

Daytime Phone #

(305)

438-0048

CR2E034B (12/02)

DO NOT WRITE  
IN THIS SPACE

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 like empowered.

55052586

Attachment

H095000093235



# Mail Theft and Vandalism Complaint

1. Post Office (including Station or Unit and ZIP + 6)

2. Name of Complainant

OLD SIAM INTERIORS C/O NATHAVUT USAMANONT

Street Address

4100 NE. 2 AVE. SUITE 103

Apt. No.

Home Telephone (include Area Code)

305/438-0048

Work Telephone (include Area Code)

305/438-0048

City, State, and ZIP + 4

MIAMI, FLORIDA 33137

3. Nature of Complaint

- ☒ Theft of Mail    ☐ Damage to Mailbox    ☒ Mail Tampering    ☐ Mail Riddling    ☐ False Change of Address  
☐ Fire in Mailbox    ☐ Other (Describe)

Occurrence Date and Hour

THE END OF SEPTEMBER / 2002

4. Contents of Mail Stolen

- ☒ Correspondence    ☐ Currency    ☐ Check    ☒ Bank Statement    ☒ Credit Card    ☐ ATP (Food stamps card)  
☒ Credit Card Statement    ☒ Other (Describe) ?!

5. Type of Delivery

- ☐ Apt. House; No. of Families    ☐ Private Home    ☐ P.O. Box    ☐ Rooming House    ☒ Office Building    ☐ Rural or HCR  
☐ Hotel/Hospital    ☐ Other (Describe)

6. Type of Receptacle

- ☐ Door Slot    ☐ NDCBU    ☒ Apartment Panel    ☐ Collection    ☐ Residence    ☐ Locked?  
☐ Desk Service    ☐ Rural Type    ☐ Combination    ☒ Yes    ☐ No

7. Particulars of Stolen Check

- ☒ (01) Personal    ☒ (02) Commercial    ☐ (03) Local    ☐ (04) State    ☒ (05) Federal    ☐ (06) Money Order    ☐ (07) ATP

Sender's Name and Address

 WASHINGTON MUTUAL BANK / ATM SERVICES  
 P.O. BOX 1154, NORTHBIDGE  
 CA 91328-1154

Payee (if different from complainant)

Amount \$	Check No.	Date	Symbol No. (if U.S. Treasury)
Maker of Check	Bank on Which Drawn		

8. Purpose for Which Check Issued

9. If Check or Money Order Was Cashied, Obtain Particulars (Date, place, person accepting it, etc.)

10. Suspects (Name, address, physical description, car description and license no.)

11. Were Police Notified?

- ☐ Yes (If "Yes," give Police Report No.)    ☒ No (If "No," instruct complainant to do so.)

12. Remarks (Continue on reverse, if necessary)

13. Date of Complaint

EOT 5, 2002

14. Complaint Received by (Signature)