FILED

Jul 28, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State P95000093236 DOCUMENT # 07-07-2003 90306 025 ***150.00 1. Entity Name OLD SIAM INTERIORS, INC. Principal Place of Business Mailing Address 55052586 4100 NE 2 AVE 4100 NE 2 AVE 103 103 MIAMI FL 33137 MIAMI FL 33137 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0632050 · Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE ☐ Change **USAMANONT. NATHAVUT** NAME NAME STREET ADDRESS 4100 NE 2 AVE STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 and overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

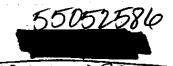
SIGNATURE:

FOR PROFIT CORPORATION ... UNIFORM BUSINESS REPORT (UBR

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

UNIFORM BUSINESS REPORT (UBR)							
1. Entity Nam	MENT # P95000 SIAM INTERIO	$\widehat{}$		٠.			
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address						grander organiza	74
4100 NE 2 AVE Suite, Apt. #. etc.		Suite, Apt. #, etc.		55052586 DO NOT WRITE IN THIS SPACE			
City & Stat		City & State	FL 3313	4. FEI N	umber 5-063205	 50	Applied For Not Applicable
Zip	Country	Zip	Country		cate of Status Desired	□ \$8.	75 Additional
Fee Required 7. Name and Address of Current Registered Agent							
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City Lip Code							
8. The above	named entity submits this statement for	the purpose of Changing its		gistered agent o	r both, in the State of Flori	FL (· 1
the obligations of registered agent. SIGNATURE NATHAVUT USAHANONT Sprature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatury-log signatury-log bent revisiting) DATE January 11: May 11 February 15: 150: 00							
Amended UBR is \$61:25 Make Check Payable to Florida Department of State					Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD USAMANONT, N 4100 NE ZAVE MIANI, FL	ATHAVUT	NITLE NAME STREET AGGRESS CUTY ST. 7PP				CRZE034B (12/02)
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SIGNATURE: PRESIDENT 6-19-03 438-0048 SIGNATURE AND TIPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Date Date Date Designer Proces 9							

Adjachment



 Post Office (Including Station or Unit and ZIP + Mail Theft and UNITED STATES **Vandalism Complaint** POSTAL SERVICE: 2. Name of Complainant USAMANONT TUVAHTAN Home Telephone (Include Area Code) Apt. No. Street Address 438--0046 103 4100 Work Tele phone (Include Area Code City, State, and ZIP + 4 33137 MTAMI False Change 3. Nature of Complain Mail ☐ of Address Mail Riffing **Ellampering** Theft of Mail ☐ to Mailbox Occurrence Date and Hour THE BLOG SEPTEMBER Other (Describe) . Fire in Mailbox 4. Contents of Mail Stolen (Food stamps card) 10 Sank Statement 12 Credit Card Сителсу ☐ Check Correspondence Credit Card Statement Other (Describe) Rural or HCR 5. Type of Delivery Office Building - Rooming House _ 🔲 Private Home 🔲 P.O. Box Apt. House; No. of Families_ Other (Describe) ☐ · Hotel/Hospital ~ · · · 6. Type of Receptacle Locket? M Yes ☐ Residence □ NDCBU Apartment Panel | Collection Door Slot □ No ☐ Combination ☐ Rural Type ☐ Desk Service 7. Particulars of Stolen Check 06) Money Order 07) ATP (105) Federal (24) State (1) Personal (2) Commercial [] 03) Local ATM SERVICES Sender's Name and Address NONTHEADER AUTUM MOTSONHEAN CA-91328-115 Payes (if different from complainant) Symbol No. (If U.S. Treasury) Date Check No. Amount Bank on Which Drawn Maker of Check 8. Purpose for Which Check Issued If Check or Money Order Was Cashed, Obtain Particulars (Date, place, person accepting it, etc.) 10. Suspects (Name, address, physical description, car description and floanse no.) 11. Were Police Notified? [No (If "No," Instruct complainant to do so.) Yes (If "Yes," give Police Report No.: 12. Remarks (Continue on reverse, if necessary) 13. Date of Complaint 14. Complaint Ref 201.5 2002 PS Form 2016, March 1994