

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90250 006 ***150.00

DOCUMENT # P96000062912

1. Entity Name

SAM SAHAI, INC.

Principal Place of Business

Mailing Address

1300 E BAY DR
 LARGO FL 34641

19941 GULF BOULEVARD #E
 INDIAN SHORES FL 33785-2447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

HASTINGS & ASSOCIATES, P.A.
 Suite, Apt. # **2207 54TH ST S**
GULFPORT, FL 33707

City & State

City & State

4. FEI Number

59-3389592

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

HASTINGS, DAVID C
 19941 GULF BLVD #E
 INDIAN SHORES FL 34635

Name **David C Hastings**
 Street Address (P.O. Box Number is Not Acceptable)

HASTINGS & ASSOCIATES, P.A.
 2207 54TH ST S

City **GULFPORT, FL 33707** **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.

SIGNATURE

[Handwritten Signature]

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	PANSEELA, SANONG	
STREET ADDRESS	1300 E BAY DR	
CITY-ST-ZIP	LARGO FL 34641	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PUDSONE, THAWIL	
STREET ADDRESS	1300 E BAY DR	
CITY-ST-ZIP	LARGO FL 34641	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARUNGSINSAP, MONGKOL	
STREET ADDRESS	1300 E. BAY DR	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00

727 584 5522

CR2E034 (9/99)