

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031625

1. Entity Name

BAY CAFE THAI, INC.

Principal Place of Business

3300 N.E. 191ST STREET  
AVENTURA FL 33180

Mailing Address

3300 N.E. 191ST STREET  
AVENTURA FL 33180-2451

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

65-0744452

Applied For

Not Applicable

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

KOMOLVASRI, POOMPAKA  
3300 N.E. 191ST STREET  
AVENTURA FL 33180

Name

Somporn Komolvasri

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

3300 N.E. 191st Street

City

Aventura

FL

Zip Code

33180

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/00

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	D	<input type="checkbox"/> Delete
NAME	KOMOLVASRI, POOMPAKA	
STREET ADDRESS	922 N.E. 91ST TERRACE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOMOLVASRI, SOMPORN	
STREET ADDRESS	1641 MCKINLEY ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	V/M	<input type="checkbox"/> Delete
NAME	KOMOLVASRI, TIPPAWAN	
STREET ADDRESS	1641 MCKINLEY ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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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STREET ADDRESS	
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)(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:

Tippawan Komolvasri (TIPPAWAN KOMOLVASRI)

3-31-00

(305) 931-7565

Date

Daytime Phone #

CR2E034 (9/99)