

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90174 005 ***158.75

DOCUMENT # P97000080236

1. Entity Name
AMTEL MALL, INC.

Principal Place of Business
SUWALEE THANGSUMPHANT
2500 EDWARDS DRIVE
FORT MYERS FL 33901

Mailing Address
SUWALEE THANGSUMPHANT
2500 EDWARDS DRIVE
FORT MYERS FL 33901
US



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

65-0806824

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

KNOTT, GEORGE H
1625 HENDRY STREET STE 301
FORT MYERS FL 33901

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.

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, 2002 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 checked="" type="checkbox"/> Delete
NAME	THANGSUMPHANT, CHAVALIT	
STREET ADDRESS	2500 EDWARDS DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	THANGSUMPHANT, CHAI	
STREET ADDRESS	2500 EDWARDS DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	THANGSUMPHANT, SUWALEE	
STREET ADDRESS	2500 EDWARDS DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMBHATO, TAMCHAI	
STREET ADDRESS	2500 EDWARDS DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIRISUMPAN, GEN TIENCHAI	
STREET ADDRESS	2500 EDWARDS DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thangsumphant, Chavanuch	
STREET ADDRESS	2500 Edwards Drive	
CITY-ST-ZIP	Fort Myers, Florida 33901	
TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thangsumphant, Suwalee	
STREET ADDRESS	2500 Edwards Drive	
CITY-ST-ZIP	Fort Myers, Florida 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Suwalee Thangsumphant **Jan. 10, 02** **941-479-4130**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)