

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082627

1. Entity Name  
SCG-MIYAIRI USA, INC.



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

04-28-2003 90319 015 \*\*\*150.00

0320841 AV

Principal Place of Business  
8004 SOUTHWEST 198 TERRACE  
MIAMI FL 33189

Mailing Address  
8004 SOUTHWEST 198 TERRACE  
MIAMI FL 33189



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 65-0784210

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, XAVIER  
8004 SW 198TH TERRACE  
MIAMI FL 33189

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME TANADUMRONGSAK, YUNYONGCHAI  
STREET ADDRESS 8004 SOUTHWEST 198 TERRACE  
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME TANADUMRONGSAK, NATTINEE  
STREET ADDRESS 8004 SOUTHWEST 198 TERRACE  
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME WILLIAMS, XAVIER  
STREET ADDRESS 8004 SOUTHWEST 198 TERRACE  
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME TAECHAPICHANUN, NARIAN  
STREET ADDRESS 8004 SOUTHWEST 198 TERRACE  
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*XAVIER WILLIAMS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 305-255-1005  
Date Daytime Phone #

CR2E034 (10/02)