

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000090102**

1. Entity Name

CHOMPU FOOD SERVICE INC.**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90010 016 ***158.75

Principal Place of Business

**136 SW 2ND AVE
HALLANDALE FL 33009
US**

Mailing Address

**136 SW 2ND AVE
HALLANDALE FL 33009
US**

2. Principal Place of Business

136 SW 2ND AVE
Suite, Apt. #, etc.

3. Mailing Address

136 SW 2ND AVE
Suite, Apt. #, etc.

City & State

HALLANDALE FL.

City & State

HALLANDALE FL.Zip **33009**

Country

U.S.A.

Zip

33009

Country

U.S.A.

4. FEI Number

59-3475940

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****SOMCHAI, COMPUNICH
136 SW 2ND AVE
HALLANDALE FL 33009**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	DP CHOMPUNICH, SOMCHAI 136 SW 2ND AVE HALLANDALE FL 33006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHOMPUNICH, SOMKIT 136 SW 2ND AVE. DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empovered.

SIGNATURE: *S. Chompunich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/01

CR2E034 (10/00)