

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01-000107217**

1. Entity Name
BANGKOK MIDNIGHT CAFE, INC



APPROVED
AND
FILED

03 MAY 23 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
12000 BISCAYNE BLVD SUITE 507
MIAMI FL 33181

2. Principal Place of Business 3. Mailing Address
12000 BISCAYNE BLVD
Suite, Apt. #, etc. **SUITE 507**

City & State City & State
MIAMI FLORIDA

Zip Country Zip Country
33181 USA

2002-2003 UBR

4. FE Number **65-1156407** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOWAPIRAT, SUTHEE
1412 NE 54 STREET
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name **UGO V. CHIARATO**
Street Address (P.O. Box if different from name)
CERTIFIED PUBLIC ACCOUNTANT
FLORIDA AND NEW YORK STATE
12000 BISCAYNE BLVD., SUITE 507
City **MIAMI, FL 33181** 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 *Ugo V. Chiarato*

DATE **APRIL 29, 2003**

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. **PITSD** OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **KOWAPIRAT, SUTHEE**
STREET ADDRESS **1412 NE 54 STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500020789755**
CITY-ST-ZIP **06/11/03--01081--002 **300.00**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P01A

DATE **APRIL 29, 2003** (305) 899.5099

Daytime Phone #

CR2E034 (10/02)

0244671 AV