

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092362

1. Entity Name

INTRACOASTAL DINING, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90101 040 ***158.75

Principal Place of Business

Mailing Address

9420 RICHMOND CIRCLE
BOCA RATON FL 33434

9420 RICHMOND CIRCLE
BOCA RATON FL 33434-5539

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0874143

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

BHISTRAKULPORN, GORCHAI
9420 RICHMOND CIR
BOCA RATON FL 33434

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/24/2000

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, 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 P ☐ Delete
NAME BHISITTRAKULPORN, WORACHAI
STREET ADDRESS 9420 RICHMOND CIRCLE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE DIRECTOR ☐ Change ☒ Addition
NAME BHISITTRAKULPORN, SUPHOT
STREET ADDRESS 9420 RICHMOND CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE V ☐ Delete
NAME BHISHTRAKULPORN, RATTANAPORN
STREET ADDRESS 9420 RICHMOND PL
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE S ☐ Delete
NAME PHISITTRAKULPORN, SOMCHAI
STREET ADDRESS 2535 S.W. 22 AVENUE #103
CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE T ☐ Delete
NAME PHISITTRAKULPORN, JIRAPORN
STREET ADDRESS 2535 S.W. 22 AVENUE #103
CITY-ST-ZIP DELRAY BEACH FL 33445

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

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:

[Signature] President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000

Date

305-949-6670

Daytime Phone #

CR2E034 (9/99)