

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

012497 AV

DOCUMENT # P99000016633

1. Entity Name
MIYURI, INC.

03-29-2002 91399 008 ***150.00

Principal Place of Business
**762 21ST STREET
VERO BEACH FL 32960**

Mailing Address
**762 21ST STREET
VERO BEACH FL 32960**



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 **65-0895438** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NAKORNPRAI, CHATCHAI
141 20TH AVENUE
VERO BEACH FL 32962**

7. Name and Address of New Registered Agent

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 _____ (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. ☐ **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	P	<input type="checkbox"/> Delete	TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUAMPATOM, ARPORN		NAME	Nuampatom, Arpon	
STREET ADDRESS	141 20TH AVENUE		STREET ADDRESS	141 20th Avenue	
CITY-ST-ZIP	VERO BEACH FL 32962		CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE	VPST	<input type="checkbox"/> Delete	TITLE	Sec. & Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKORNPRAI, CHATCHAI		NAME	Nakornprai, Chatchai	
STREET ADDRESS	141 20TH AVENUE		STREET ADDRESS	141 20th Avenue	
CITY-ST-ZIP	VERO BEACH FL 32962		CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE		<input type="checkbox"/> Delete	TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Suvit Watsanserekul	
STREET ADDRESS			STREET ADDRESS	1561 NW 159th Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **3/18/02** Daytime Phone #

CR2E034 (9/01)