2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91005 031 ***150.00

DOCUMENT# **P99000070691**

1. Entity Name
THAI-SUSHI EXPRESS, INC.

Principal Place of Business	Mailing Address
1630 SE 3RD COURT DEERFIELD BEACH FL 33441	1630 SE 3RD COURT DEERFIELD BEACH FL 33441

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: USA	Zip / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650936450 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

NIYOMPRUK, SUPAVADEE S
1630 SE 3RD COURT
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name
Street Address (P 0 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2004 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 / NAME / STREET ADDRESS / CITY - ST - ZIP	PVSDT NIYOMPRUK, SUPAVADEE S 920 NE 36 ST OAKLAND PARK FL 33334 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
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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 REQUIRED — 04/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #