

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90019 039 \*\*\*150.00

0356757 AV

**DOCUMENT # P99000075920**

1. Entity Name

**NEERUDA CORP.**

Principal Place of Business

**1428 THE POINTE DRIVE  
 WEST PALM BEACH FL 33409**

Mailing Address

**1428 THE POINTE DRIVE  
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

**106 N. OLIVE AVE.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL.**

City & State

**WEST PALM BEACH, FL.**

4. FEI Number

**65-0943110**

Applied For

Not Applicable

Zip

**33401**

Country

**U.S.A.**

Zip

**33401**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RATTANAPON, DARUNEE**

**1428 THE POINTE DRIVE  
 WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name **VIRA CHONG**

Street Address (P.O. Box Number is Not Acceptable)

**1428 THE POINTE DR.**

City

**WEST PALM BEACH**

FL

Zip Code

**33409**

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

**VIRA CHONG**

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, 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RATTANAPON, DARUNEE</b>	
STREET ADDRESS	<b>1428 THE POINTE DRIVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>CHONGCHAREONTANAVAT, VIRA</b>	
STREET ADDRESS	<b>1428 THE POINT DRIVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33408</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**VIRA CHONG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-02**

Date

**561-801-9906**

Daytime Phone #

CR2E034 (9/01)