

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097828

1. Entity Name

THAI DREAM CORP.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90315 043 \*\*\*150.00

Principal Place of Business

Mailing Address

6225 BRENTWOOD AVENUE  
SARASOTA FL 34231

~~6225 BRENTWOOD AVENUE~~  
~~SARASOTA FL 34231-3913~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P O Box 581

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State  
Tallevast FL

4. FEI Number

65-0961486

Applied For

Not Applicable

Zip

Country

Zip

Country

34270

Manatee

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

PLANGCHAROENLARP, PRAYOON  
6225 BRENTWOOD AVENUE  
SARASOTA FL 34231

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, 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.  
6534 (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 PSTD  
NAME PLANGCHAROENLARP, PRAYOON  
STREET ADDRESS 6225 BRENTWOOD AVENUE  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE Alan R Shaw AT  
NAME 4019 78 Dr E  
STREET ADDRESS P O Box 581  
CITY-ST-ZIP Tallevast FL 34270 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Alan R Shaw*

Alan R Shaw, Asst Treas

4/26/00

941-355-7192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)