

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91193 023 \*\*\*550.00

**DOCUMENT # S98627**

1. Entity Name

SIAM BAGEL & CAFE CORPORATION

**DO NOT WRITE IN THIS SPACE**

**674728**

2. Principal Place of Business  
1736-1738 79th St.CSWY

3. Mailing Address  
2/South Biscayne Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2680

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida 33131

4. FEI Number  
650321345

Applied For  
Not Applicable

Zip  
33141

Country  
USA

Zip  
33131

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name  
Mark J. Bryn, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
One Biscayne Tower, Suite 2680

2 South Biscayne Boulevard

City  
Miami

FL Zip Code  
33131

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
D/Prin Boon  
Sathita Boonyavairoj  
STREET ADDRESS  
1736-1738 79th Street Causeway  
CITY- ST- ZIP  
Miami, Florida 33141

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2002 (305)829-8787

Date

Daytime Phone #

CR2E034B (12/01)