

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V59740

1. Entity Name

PLAZA BOUTIQUE, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90141 031 \*\*\*150.00

704120



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

777 E. ATLANTIC AVENUE  
SUITE C-6  
DELRAY BEACH FL 33483

777 E. ATLANTIC AVENUE  
SUITE C-6  
DELRAY BEACH FL 33483-5352

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

65-0354981

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOONCHURD, CHAVEEVAN  
626 LINDELL BLVD  
DELRAY BEACH FL 33444

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.  
(See criteria on back)

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**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 VP  
NAME BOONCHURD, CHAVEEVAN  
STREET ADDRESS 626 LINDELL BLVD  
CITY - ST - ZIP DELRAY BEACH FL 33444

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE P  
NAME JONES, PAJARIYA J.  
STREET ADDRESS 1479 NE 28TH CT  
CITY - ST - ZIP POMPAHO BEACH FL 33064

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VP  
NAME JAVANADI, NARISROTE  
STREET ADDRESS 626 LINDELL BLVD  
CITY - ST - ZIP DELRAY BEACH FL 33444

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14<sup>th</sup> 2000 (561) 278-2099

Date

Daytime Phone #

(561) 543-9890

CR2E034 (9/99)