## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17157

Entity Name: THAI-AMERICAN ASSOCIATION OF SOUTH FLORIDA,

**INCORPORATED** 

**Current Principal Place of Business:** 

15200 SW 240TH ST MIAMI, FL 33032

## **Current Mailing Address:**

15200 S.W. 240TH STREET MIAMI, FL 33032 US

FEI Number: 59-2808521 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NETHONGKOME, YONGYUTH 1331 BAY TERRACE NORTH BAY VILLAGE, FL 33141 US

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: NETHONGKOME YONGYUTH 03/10/2017

> Electronic Signature of Registered Agent Date

> > VΡ

Officer/Director Detail:

Title **CHAIRMAN** Title VP, TREASURER

Name MOOLSIRI, KHANYA S Name HALELAMIEN, VERAPONG

Address 12112 LYMESTONE WAY Address 2200 N.W. 102ND AVENUE

UNITE #1 COOPER CITY FL 33026

City-State-Zip: City-State-Zip: DORAL FL 33172

VΡ Title

Title Name VICHATE, UNGVICHIAN PHD Name

RUSSMETES, KHRUAWAN Address 6495 PONDAPPLE ROAD Address 949 S. FEDERAL HIGHWAY

City-State-Zip: BOCA RATON FL 33433 City-State-Zip: DEERFIELD BEACH, FL 33441

Title **PRESIDENT** Title **SECRETARY** 

Name NETHONGKOME, YONGYUTH Name NANAKORNPANOM, SUTTINEE

Address 1331 BAY TERRACE Address 1012 N.E. 204TH LANE

City-State-Zip: NORTH BAY VILLAGE FL 33141 City-State-Zip: NORTH MIAMI FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VERAPONG HALELAMIEN

Electronic Signature of Signing Officer/Director Detail

VΡ

03/10/2017 Date

**FILED** Mar 10, 2017

**Secretary of State** 

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