

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90017 001 ****61.25
 03-27-2000 90017 002 ****8.75

DOCUMENT # N29261

1. Entity Name

GIAO-HOI PHAT-GIAO TANG-GIA KHAT-SI THE-GIOI, IN

Principal Place of Business

Mailing Address

5607 TOWN & COUNTRY BLVD.
 TAMPA FL 33615

5607 TOWN & COUNTRY BLVD.
 TAMPA FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3692543

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUNG, HUYNH V
8209 OLIVEWOOD PLACE
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name **HUNG, HUYNH V.**

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

8901 ROSEBANK CT.

City **TAMPA**

FL

Zip Code **33615**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
 NAME **HUYNH, VAN H**
 STREET ADDRESS **5607 TOWN COUNTRY BLVD**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **SD** Delete
 NAME **LY NGOC THANH XUAN**
 STREET ADDRESS **5914 BRYCE LANE**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **TD** Delete
 NAME **NGHINH, KHUU**
 STREET ADDRESS **12708 SPANISH LAKE DR**
 CITY-ST-ZIP **TAMPA FL 33635**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Change Addition
 NAME **LY NGOC THANH XUAN**
 STREET ADDRESS **5607 TOWN & COUNTRY BLVD**
 CITY-ST-ZIP **TAMPA, FL. 33615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

3 22 2000 813 885 938
 Date Daytime Phone #

CR2F037 (9/99)