

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0092718

DOCUMENT # N29261

1. Entity Name

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

SHIP WITH MISS DANG QUANG

02-13-2001 90288 001 *****8.75
 02-13-2001 90288 002 *****61.25

Principal Place of Business

Mailing Address

5607 TOWN & COUNTRY BLVD.
 TAMPA FL 33615

5607 TOWN & COUNTRY BLVD.
 TAMPA FL 33615

20110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-3692543

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

HUNG, HUYNH V
8901 ROSEBANK CT.
TAMPA FL 33615

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

FILE NOW:
FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: SD
 NAME: LY NGOC THANH XUAN
 STREET ADDRESS: 5607 TOWN & COUNTRY BLVD.
 CITY-ST-ZIP: TAMPA FL 33615
 Delete

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

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

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

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 CITY-ST-ZIP:
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 HUNG, HUYNH V.

02/2/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)