

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90075 001 *****8.75
 02-18-2002 90075 002 *****61.25

DOCUMENT # N29261
 1. Entity Name
GIAO-HOI PHAT-GIAO TANG-GIA KHAT-SI THE-GIOI, IN C.

Principal Place of Business: **5607 TOWN & COUNTRY BLVD. TAMPA FL 33615**
 Mailing Address: **5607 TOWN & COUNTRY BLVD. TAMPA FL 33615**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number **NOT APPLICABLE**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUNG, HUYNH V.
8901 ROSEBANK CT.
TAMPA FL 33615

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~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	<input type="checkbox"/> Delete
NAME	HUYNH, VAN H.	
STREET ADDRESS	5607 TOWN COUNTRY BLVD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LY NGOC THANH XUAN	
STREET ADDRESS	5607 TOWN & COUNTRY BLVD.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NGHINH, KHUU	
STREET ADDRESS	12708 SPANISH LAKE DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **NGHINH KHUU** **XUAN LY** 1/31/02 813 885 5037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)