

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-20-2000 90005 047 ****61.25

DOCUMENT # N98000004893

1. Entity Name

VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA.

Principal Place of Business

7421 NW 76TH ST
TAMARAC FL 33321
US

Mailing Address

7421 NW 76TH ST
TAMARAC FL 33321-5149
US

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

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **LE, THIEN C**
CITY-ST-ZIP **7421 NW 76TH STREET
TAMARAC FL 33321**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **CAO, PHUONG T DR.**
CITY-ST-ZIP **7201 SOUTHWEST 1ST STREET
MARGATE FL 33068**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **PHI, OAI H**
CITY-ST-ZIP **7421 NW 76TH STREET
TAMARAC FL 33321**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **VAN LE, NHAM**
CITY-ST-ZIP **7201 SOUTHWEST 1ST STREET
MARGATE FL 33068**

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **VAN NGO, TRONG**
CITY-ST-ZIP **7201 SOUTHWEST 1ST STREET
MARGATE FL 33068**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

THIEN C LE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00

Date

Daytime Phone #

CR2E037 (9/99)

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

DOC# N98000004843

306632

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC			
	2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name	
	4a Mailing address (street address) (room, apt., or suite no.) 7421 NW 76th Street		5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code TAMARAC, FL 33321-5149		5b City, state, and ZIP code	
	6 County and state where principal business is located BROWARD, FLORIDA			
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ THIEN C. LE - SSN# 215-33-7290			
8a Type of entity (Check only one box.) (See instructions.)				
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)				
<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN				
<input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> Other corporation (specify) ▶				
<input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative				
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Fellow Countrymen Org. (enter GEN if applicable)				
<input type="checkbox"/> Other (specify) ▶				
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA (USA) Foreign country		
9 Reason for applying (Check only one box.)				
<input type="checkbox"/> Started new business (specify) ▶				
<input checked="" type="checkbox"/> Banking purpose (specify) ▶ For Donations Deposits				
<input type="checkbox"/> Changed type of organization (specify) ▶				
<input type="checkbox"/> Purchased going business				
<input type="checkbox"/> Created a trust (specify) ▶				
<input type="checkbox"/> Hired employees				
<input type="checkbox"/> Created a pension plan (specify type) ▶				
<input type="checkbox"/> Other (specify) ▶				
10 Date business started or acquired (Mo., day, year) (See instructions.) 06/04/99		11 Closing month of accounting year (See instructions.)		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) N/A				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)		Nonagricultural <input checked="" type="checkbox"/>	Agricultural <input type="checkbox"/>	
14 Principal activity (See instructions.) ▶ MUTUAL HELP WITHIN FELLOW COUNTRYMEN COMMUNITY		Household <input type="checkbox"/>		
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," principal product and raw material used ▶				
16 To whom are most of the products or services sold? Please check the appropriate box.				
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input checked="" type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A				
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Note: If "Yes," please complete lines 17b and 17c.				
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.				
Legal name ▶		Trade name ▶		
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.				
Approximate date when filed (Mo., day, year)		City and state where filed		
Previous EIN		Business telephone number (include area code)		
Name and title (Please type or print clearly.) ▶ THIEN CHIE, PRESIDENT		(954) 722-5072		
Signature ▶ Thien		Fax telephone number (include area code)		
Date ▶ 06/14/00		(954) 722-5072		
Note: Do not write below this line. For official use only.				
Please leave blank ▶	Geo.	Ind.	Class	
			Size	
			Reason for applying	