

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90032 029 \*\*\*\*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  
 US

**C0025222**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**133 DOCKSIDE TER.**

3. Mailing Address

**133 DOCKSIDE TER.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WESTON, FL.**

City & State

**WESTON, FL.**

4. FEI Number

**APPLIED FOR**

☒ Applied For

☐ Not Applicable

Zip

**33327**

Country

**USA**

Zip

**33327**

Country

**USA**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LE, THIEN C 7421 NW 76TH STREET TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAO, PHUONG T DR. 7201 SOUTHWEST 1ST STREET MARGATE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHI, OAI H 7421 NW 76TH STREET TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN LE, NHAM 7201 SOUTHWEST 1ST STREET MARGATE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN NGO, TRONG 7201 SOUTHWEST 1ST STREET MARGATE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NGUYEN, TAP A. M.D. 133 DOCKSIDE TER. WESTON, FL. 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAN LE, PHUONG N. 3300 UNIVERSITY DR. CORAL SPRINGS, FL. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHI, QUAN NGUYEN, PHUOC H. 108 COLLY WAY N. LAUDERDALE, FL. 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NGO, YEN N. 4361 SW. 108th AVE. MIAMI, FL. 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHI, QUAN 6035 NW. 100 WAY PARKLAND, FL. 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**TAP A. NGUYEN, MD. 2/14/01 (954) 433-7190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)