


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91291 013 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000004893

1. Entity Name
VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC.



Principal Place of Business
 133 DOCKSIDE TERRACE
 WESTON, FL 33327 US

Mailing Address
 133 DOCKSIDE TERRACE
 WESTON, FL 33327 US

11023638

2. Principal Place of Business
 Suite, Apt. #, etc.
22196 CONCHA AVE.

3. Mailing Address
 Suite, Apt. #, etc.
22196 CONCHA AVE.



CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FLORIDA

City & State
BOCA RATON, FLORIDA

Zip
33428

Country
U.S.A.

4. FEI Number
65-1024291

Applied For
 Applied For
 Not Applicable

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
ANTHONY LE
 Street Address (P.O. Box Number Is Not Acceptable)
22196 CONCHA AVE.
 City
BOCA RATON, FL Zip Code
33428

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

a. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Anthony Liem Le* **ANTHONY LIEM LE** **4/23/03**
Signature, typed or printed name of registered agent and date 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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NGUYEN, TAP A MD 133 DOCKSIDE TERRACE WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAN LE, PHUONG N. 3300 UNIVERSITY DRIVE CORAL SPRING, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAN LE, PHUONG N 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LE, ANTHONY L. 22196 CONCHA AVE. BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NGUYEN, PHUONG H 108 LOLLY WAY N LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHAM, HIEU 7502 COLONY PALM DR. BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NGO, YEN N 4381 SW 108TH AVENUE MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NGUYEN, NGUYET M. 5720 S. SABLE CIR. MARGATE, FL 33063 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 empowers.

SIGNATURE: *Ngoc Phuong Le Tran* **NGOC-PHUONG LE TRAN** **4.24.03**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

president

CFR2037 (10/02)