

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2002 90006 047 ***150.00

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DOCUMENT # P94000005475

1. Entity Name
ATTORNEY CAREER ADVANCEMENTS, INC.

Principal Place of Business Mailing Address
1405 NW 49 AVE 1405 NW 49 AVE
COCONUT CREEK FL 33063 COCONUT CREEK FL 33063

2. Principal Place of Business 3. Mailing Address
4096 COONTIE CT 4096 COONTIE CT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LANTANA, FL LANTANA, FL

Zip Country Zip Country
33463 U.S.A. 33463 U.S.A.

4. FEI Number **65-0463885** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NGUYEN, HUNG T
1405 NW 49 AVE
COCONUT CREEK FL 33063

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NGUYEN, BACH-MAI THI 1405 NW 49TH AVENUE COCONUT CREEK FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUNG T NGUYEN **RE HUNG T NGUYEN** 1/11/02 954-969-1621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)