

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90095 017 \*\*\*150.00

**DOCUMENT # P98000074143**

**1. Entity Name**  
 SGV United, Inc.

**Principal Place of Business**      **Mailing Address**

3133 Fairfield Drive      3133 Fairfield Drive  
 Kissimmee, Fl 34743-7891      Kissimmee, FL 34743-7891

**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**  
 59-3528099      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**       **\$0.75 Additional Fee Required**



DO NOT WRITE IN THESE SPACES

**6. Name and Address of Current Registered Agent**

Gontong Gosuwin  
 3133 Fairfield Drive  
 Kissimmee, FL 34743-7891

**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 if not applicable (NOT: Registered Agent Signature required when re-registering)

**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, 2000 Fee will be \$350.00**  
**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 (SEE INSTRUCTIONS)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/T Gongtong Gosuwin 3133 Fairfield Drive Kissimmee, Fl 34743-7891 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(g), 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:** *Gongtong Gosuwin*      **GONGTONG GOSUWIN**      4/25/00