

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32021

1. Entity Name

WAT NAVARAM BUDDHIST TEMPLE, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90032 021 ***158.75

Principal Place of Business Mailing Address
WAT NAVARAM BUDDHIST TEMPLE P.O. Box 470-459
2381 NARCISSUS AVE. LAKE MONROE, FL 32747-0459
SANFORD, FL 32771

A0055230

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2947166		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required ☐	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOM SOUVAN		Name	
635 BIRGHAM PLACE		Street Address (P.O. Box Number is Not Acceptable)	
LAKE MARY, FL 32746		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 HOM SOUVAN DATE 4/4/2001
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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORRABONG, KHAMMANH 226 BITTERWOOD WINTER SPRINGS FL 32708 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEOMANYCHAN, CHOU 328 TULANE DR ALTAMONT SPRINGS FL 32714 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUVAN, HOM 635 BIRGHAM PLACE LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUVAN, HOM 635 BIRGHAM PLACE LAKE MARY, FL 32746 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRAPHANCHITH, TROY 5805 GRAND CANYON DR. ORLANDO FL 32810 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHITTALAD, KEO 2140 KORAT LANE ORLANDO FL 32810 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YPD INTHAVONG, SOMNUK 138 PINEDA ST. LONGWOOD FL 32750 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOUNSENGXAY, OUTHOM 2437 MYAKKA DR. ORLANDO FL 32839 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RATTANAVONG, VIRAPHANH 1122 NAOMI LANE SANFORD FL 32773 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEMMAVANH, MANO 2345 RONDAKE CT. LAKE MARY FL 32746 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 PT PRAPHANCHITH, KHONGKHA 5956 GRAND COULEE RD ORLANDO FL 32810 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3PT SISALEUM SACK, SIVONG 1927 TINDARO DR APOPKA, FL 32703 ☐ Change ☒ Addition

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 another like empowered.

SIGNATURE: KHAMMANH NORRABONG DATE 4/5/2001 DAYTIME PHONE 407 833 1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR