2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90425 042 ****80.00

DOCUMENT # N32021

1. Entity Name

WAT NAVARAM BUDDHIST TEMPLE, INC.

670509

Principal Place of Business	Mailing Address
WAT NAVARAM BUDDHIST TEMPLE INC. 2381 NARCISSUS AVE. SANFORD, FL 32771	2381 NARCISSUS AVE. SANFORD FL 32771

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2947166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOM SOUVAN 635 BIRGHAM PLACE LAKE MARY FL 32746	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] Secretary 4/3/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEOMANICHAN, CHOU 328 TULANE DR ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEOMANICHAN, CHOU 328 TULANE DR ALTAMONTE 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 CHITTALAD, KEO 2140 KORAT LANE 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	VPD BOUNSENGXAY, OUTHOM 2437 MYAKKA DR ORLANDO FL 32839 ☐ 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 HEMMAVANH, MANO 2345 RONOAKE CT. LAKE MARY FL 32746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEMMAVANH, MANO 2345 RONOAK CT. LAKE MARY FL 32746 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3 PT SISALEUMSACK, SIVONG 1927 TINDARO DR APOPKA, FL 32703 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3PT SISALEUMSACK, 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 all other like empowered.

SIGNATURE: [signature] 4/3/02 (407) 732-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #