

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001140**1. Entity Name
NGUYEN LE, LTD.

Principal Place of Business	Mailing Address
945 BAYSHORE BLVD.	945 BAYSHORE BLVD.
SAFETY HARBOR FL 34695	SAFETY HARBOR FL 34695

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-3659724Applied For
Not Applicable

Zip Country

Zip Country

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**VAN NGUYEN GIAO
945 BAYSHORE BLVD.SAFETY HARBOR FL
34695 USName
NGUYEN GIAO V
Street Address (P.O. Box Number is Not Acceptable)
945 BAYSHORE BLVD.City
SAFETY HARBOR FL Zip Code
34695

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 **NGUYEN GIAO V****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 10,000,000.0010. Amount of Capital Contributions
in FLORIDA to date. 1,980.00**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	THU LE THUY	CITY-ST-ZIP	
STREET ADDRESS	945 BAYSHORE BLVD.		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		
DOCUMENT #		STREET ADDRESS	
NAME	VAN NGUYEN GIAO	CITY-ST-ZIP	
STREET ADDRESS	945 BAYSHORE BLVD.		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Nguyen Giao**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERMr. **05/01/2001**

Date

Daytime Phone #

CR2E003 (11/00)