

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 945 BAYSHORE BLVD. SAFETY HARBOR FL 34695	Mailing Address 945 BAYSHORE BLVD. SAFETY HARBOR FL 34695
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **59-3659724** Applied For Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAN NGUYEN GIAO
 945 BAYSHORE BLVD.

 SAFETY HARBOR FL 34695 US

7. Name and Address of New Registered Agent

Name
 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 DATE 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 10,000,000.00

10. 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	
DOCUMENT #	
NAME	THU LE THUY
STREET ADDRESS	945 BAYSHORE BLVD.
CITY-ST-ZIP	SAFETY HARBOR FL 34695
DOCUMENT #	
NAME	VAN NGUYEN GIAO
STREET ADDRESS	945 BAYSHORE BLVD.
CITY-ST-ZIP	SAFETY HARBOR FL 34695
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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 **Mr.** 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)