

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 SEP -9 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006267

1. Entity Name Than Nhan Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

THAN Nhan

Suite, Apt. #, etc.

3. Mailing Address

14240 US Hwy 98N

Suite, Apt. #, etc.

City & State

Kathleen FL

City & State

33849, Kathleen FL

Zip

33849

Country

Polk

Zip

33849

Country

Polk

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kim Le

Street Address (P.O. Box Number is Not Acceptable)

14240 Hwy 98N

City

Kathleen

FL

Zip Code

33849

**DO NOT WRITE
IN THIS SPACE**

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 Kim Le, KIM LE

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

(NOTE: Registered Agent signature required when reinstating)

Sept 3, 02
DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE KHANH HOANG, chairman

NAME 14240 US Hwy 98N

STREET ADDRESS Kathleen FL 33849

CITY-ST-ZIP

TITLE president

NAME Huong Nguyen

STREET ADDRESS 14240 US Hwy 98N

CITY-ST-ZIP Kathleen FL 33849

TITLE Secretary, Director, Register agent

NAME KIM LE

STREET ADDRESS 14240 US Hwy 98N

CITY-ST-ZIP Kathleen FL 33849

TITLE Treasury

NAME Hong Mai VO

STREET ADDRESS 12220 Hwy 98N

CITY-ST-ZIP Lake land FL 33809

TITLE Director

NAME Vinh Nguyen

STREET ADDRESS 12220 Hwy 98N

CITY-ST-ZIP Lake land FL 33809

TITLE Vice president

NAME HIEP BANG

STREET ADDRESS 14240 Hwy 98N

CITY-ST-ZIP Kathleen FL 33849

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

8000007810158--3

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NAME

STREET ADDRESS

CITY-ST-ZIP

*****70.00 *****70.00

TITLE

NAME

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DO NOT WRITE

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STREET ADDRESS

CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kim Le

Sept 3, 02 863-255-6857

CR2E037B (12/01)