

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L59283** 1. Corporation Name

NAM LONG, INC.

Principal Place of Business

% BRENDA HACKER

Mailing Address

% BRENDA HACKER

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90058 031 ***150.00



4461 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319-5876		LAUDERDALE LAKES FL 3331	9-5876		DO NOT WRI	DO NOT WRITE IN THIS SPACE						
CHOOCHOALC F	THEO TE GOOTO GOTO	BIODERIONEE BINCE VI			3. Date Incorporated or Qualifed							
_			·		03/22/1990				3			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	_	Ap	plied For	ı			
21	•	26			65-0172546		No	ot Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	Additional	ĺ			
22		27			5. Certificate of Status Desired		Fee Re	equired	l			
City & State		City & State			6. Election Campaign Financing	_	\$5.00	May Be	i			
23		28			Trust Fund Contribution		Added	to Fees	ļ			
Zip	Country	Zip	Count	ry	8. This corporation owes the curr	rent year Inta	ingible	1				
24	25	29	0		Personal Property Tax.		Yes	1 2No	ı			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered /	Agent		l			
	<u> </u>	•	8	1 Nan	ne				l			
	HOANG		8	2 Stra	et Address (P.O. Box Number is Not Accent	address (P.O. Box Number is Not Acceptable)						
4461	N. STATE RD 7		ľ	_	et Address (1o. Box Mannes to Mar Assept							
LAUI	DERDALE LAKES FL 33319		8	3		<u> </u>			ł			
			L	4 00	<u> </u>		les l'Zin	Code	i			
			8	4 City	,	FL	85 Zip	Code	l			
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	. the abo	ve-nam	ned corporation submits this statement for the	purpose of	changing its	registered	l			
office or r	edistered agent or both in the State of	r Fionda. Such change was autr	ionzeu u	w me c	orporation's board of directors. I hereby acce	pt the appoin	itment as re	gistered	l			
	m familiar with, and accept the obligation	ons or, Section 607.0505, Florid	a Statute 7	33.		A/A	109		l			
SIGNATURE	HoANG & Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Ac	ent signati	ure required when reinstating)	DATE .	1-1-1		ء ا			
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTO	DRS IN 12	ğ			
TITLE	OPT	DELETE	1,1 TITLE				Change	☐ Addition	Ξ			
NAME	LE, BICH NGOC	_	1.2 NAMI	E					. ₹			
STREET ADDRESS	4461 N STATE RD 7	**	1.3 STRE	ET ADDRE	ess i				Ì			
CITY-ST-ZIP	LAUDERDALE LAKES FL		1.4 CITY						្តិ			
TITLE	V	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	٦			
NAME	LE, HOANG		2.2 NAMI	E			دهند <u>وس د د. د</u>		_			
STREET ADDRESS	4461 N. STATE RD 7			ET ADDRE	ESS				İ			
CITY-ST-ZIP	LAUDERDALE LAKES FL		2. 4 CITY									
TITLE	DIODENDIALE DIALOTE	☐ DELETE	3.1 TITLE				Change	☐ Addition	ĺ			
NAME			3.2 NAM									
STREET ADDRESS			1	- EET ADORE	ess							
				-ST-ZIP					l			
CITY-ST-ZIP TITLE	-	DELETE	4.1 TITLE				Change	Addition	}			
			4.2 NAM									
NAME				EET ADDRE	see)				١.			
STREET ADDRESS			4.3 STA						İ			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		- 	_	Change	Addition	1			
TITLE		الم المداد	5.2 NAM									
NAME			4	- ETADORE	ESS							
STREET ADDRESS	· ·	•	5.4 CITY									
CITY-ST-ZIP		DELETE	6.1 TITLE				Change	☐ Addition				
TITLE .			6.2 NAM									
NAME					500							
STREET ADDRESS				ET ADDRE					١.			
CITY-ST-ZIP			6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: