

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-29-2002 90718 043 ****70.00

DOCUMENT # NO1000000015

1. Entity Name

ASSOCIATION OF SENIOR CITIZENS OF VIETNAMESE ORIGIN, INC.

Principal Place of Business

Mailing Address

**5944 34TH ST N UNIT #9-10
 ST PETERSBURG FL 33714**

**5944 34TH ST N UNIT #9-10
 ST PETERSBURG FL 33714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INGALLS, THANH
 5944 34TH ST N UNIT #9-10
 ST PETERSBURG FL 33714**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D ADVISER NGUYEN, HAN VAN 5944 34TH ST N UNIT #9-10 ST PETERSBURG FL 33714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE - PRESIDENT INGALLS, THANH 5944 34TH ST N UNIT #9-10 ST. PETERSBURG FL 33714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE - PRESIDENT HUYNH, HAI 5944 34TH ST N UNIT #9-10 ST PETERSBURG FL 33714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUU, DANIEL M. T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 129 N. WARBLER LANE SARASOTA, FL 34234 PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, DINH THI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3209 ELMORE PL. SARASOTA, FL 34239 SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHAU THI KIM SA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10851 92th ST. N. LARGO, FL 33777 TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DANIEL MAU-THANH

05/14/02 (941) 955-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



Attachment
386 13

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 4, 2002

ASSOCIATION OF SENIOR CITIZENS OF VIETNAMESE ORIGIN, IN
5944 34TH ST N UNIT #9-10
ST PETERSBURG, FL 33714

Subject: ASSOCIATION OF SENIOR CITIZENS OF VIETNAMESE ORIGIN, INC.

Reference Number: N01000000015

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

PROVIDED AS REQUESTED (attached)

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/mm

ANNUAL REPORTS SECTION