2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006149

Address:

City-St-Zip:

399 BALBOA AVE

FT MYERS, FL 33905

Entity Name: LAO BUDDHIST ASSOCIATION OF FORT MYERS, INC.

FILED Sep 11, 2002 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
399 BALBO FT MYERS	OA AVE S, FL 33905				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
399 BALBOA AVE FT MYERS, FL 33905				11681 TUNDRA DRIVE NORTH FT MYERS, FL 33905	
FEI Number:	: 65-1113274	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Age				f New Registered Agent:	
11681 TUN NORTH F	T MYERS, FL :	33917 US	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agent	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MANIVONG, SO 11681 TUNDRA NORTH FT MYE	.DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PHIMMASONE, 399 BALBOA AV FT MYERS, FL	/E	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () VEOPASEUTH, 399 BALBOA AV FT MYERS, FL	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () VANNARATH, P 399 BALBOA AV FT MYERS, FL	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () VEOPRASEUTH	Delete I, CHANHTHA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SOMCHITH MANIVONG D 09/11/2002