

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

008060

**DOCUMENT # NO1000007860**

1. Entity Name

**LAO CARE ORGANIZATION, INC.**

04-15-2002 90028 045 \*\*\*\*\*61.25

Principal Place of Business

**3884 20TH ST. N.  
 ST. PETERSBURG FL 33714**

Mailing Address

**3884 20TH ST. N.  
 ST. PETERSBURG FL 33714**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**800005656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SANANIKONE, BUSH**

**3884 20TH ST. N.**

**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.

**DE**

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 **P.D** ☐ Delete  
 NAME **Mr. Bush Sananikone**  
 STREET ADDRESS **3884 20 th Street North**  
 CITY-ST-ZIP **St. Pete, FL 33714**

TITLE **P.V** ☐ Delete  
 NAME **Mr. Sam S. Ora-Ath**  
 STREET ADDRESS **10743 57th Street North**  
 CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE **S** ☐ Delete  
 NAME **Mrs. Bonnie Chantarak**  
 STREET ADDRESS **10580 58th Street North**  
 CITY-ST-ZIP **pinellas park, FL 33782**

TITLE **T** ☐ Delete  
 NAME **Mr. Viengkham Layseulvong**  
 STREET ADDRESS **2710 39th Ave. North**  
 CITY-ST-ZIP **St. Pete, FL 33714**

TITLE **BD** ☐ Delete  
 NAME **Mr. Karlo s. Thammavong**  
 STREET ADDRESS **1005 16th Street North**  
 CITY-ST-ZIP **St. Pete, FL 33705**

TITLE **D** ☐ Delete  
 NAME **Mr. Sampasaya Norind**  
 STREET ADDRESS **2175 25th Ave. North**  
 CITY-ST-ZIP **St. Pete, FL 33713**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T.V** ☐ Change ☐ Addition  
 NAME **Mr Soulikhanh Manivong**  
 STREET ADDRESS **8481 57th Street North**  
 CITY-ST-ZIP **Pinellas Park, FL 33713**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ 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:**

**Signature Required 4-03-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)