

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-14-2004 90020 026 ****70.00

66415755



DOCUMENT # N03000004812					
1. Entity Name APOPKA BUDDHIST ASSOCIATION INC.					
Principal Place of Business 5242 KATI LYNN DR APOPKA, FL 32712-6229		Mailing Address 5242 KATI LYNN DR APOPKA, FL 32712-6229			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	04052004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
TRINH, SON N 5242 KATI LYNN DR APOPKA, FL 32712-6229				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Son N. Trinh</u>		SIGNATURE		DATE <u>4/20/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRINH, SON N		NAME		
STREET ADDRESS	5242 KATI LYNN DR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 327126229		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NGUYEN, HANH L		NAME		
STREET ADDRESS	5242 KATI LYNN DR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 327126229		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOAN, TRACH D		NAME		
STREET ADDRESS	36520 LAKE NORRIS RD		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUONG, LONG V		NAME		
STREET ADDRESS	3715 ONDICH RD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NGUYEN, MEO V		NAME		
STREET ADDRESS	5242 KATI LYNN DR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 327126229		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <u>Son N. Trinh</u>		SIGNATURE		DATE <u>4/20/04</u> 407-884-9694	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone #	

Attachments - 003000004812

MEO V NGUYEN
5242 KATI LYNN DR
APOPKA, FL 327126229

Continue

Sunbiz Home Page

Public Access Help

954 462 8816

P.01

Apr-16-04 04:05P HANG FUNG

DOCUMENT # P99000001548

Attachment

66415755

1. Entity Name

HANG FUNG DEVELOPMENT U.S. CORP.

HANG FUNG DEVELOPMENT INC 02/00 2230
 63-8735/2870 BRANCH 20
 DATE: 4/4/02
 Department of STATE \$150.00
 One hundred fifty
 FIDELITY FEDERAL BANK & TRUST
 FOR FEI: 65.0907081

NOT WRITE IN THIS SPACE

9907081 Applied For
 Not Applicable
 Desired \$8.75 Additional Fee Required
 of New Registered Agent

KOONE, MILLIAN
1080 RAINTREE LANE
PALM BCH GARDEN FL 33410

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 _____ DATE _____
(Signature, typed or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when re-appointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PROONG KOONE, MILLIAN 1080 RAINTREE LANE WEST PALM BEACH FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Cor
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Cor

HANG FUNG DEV

PAY TO THE ORDER OF DEPA
 One Hundred

FIDELITY FEDERAL BANK & TRUST
 FOR ID# 65

Please apply this payment for the year 9022 & then returned the original form
 Thank you
 [Signature]

13. I hereby certify indicated on this report or supplemental report of the corporation or the receiver of this fee em changed, or on an attachment with address

SIGNATURE: _____ DATE _____
(Signature and typed or printed name of signing officer or director)

Attachment

66415755

FROM THE DESK OF: Millie Koong

HangFung Development Inc.
P.O. Box 460366
Fort Lauderdale, FL 33346-0366
Phone: (562) 856-3308
Fax: (562) 856-3808
Email: PaperDragon@msn.com

To ;Fl. Dept. of state
Att : division of corporation
Fr : Millie Koong
Date : 4/16/04
Pg :

Re : Ref # P99000001548

Enclosed please find a reinstatement form for the above mentioned company , it appears that in 2002 , there was correspondence involve a wrong spelling of my last name , so we have send the forms back and fore. However your office DID cash the check that we sent for year 2002 on July 5 , 2002. (please see attached correspondence in 2002)

For year 2003 we did not received any form from your office , , we called your office, they told me that the form will be forth coming , and we will need to reinstate , no form evercame.

2004 , we still did not get a form for Hang Fung , so I called again , and was shock to be informed that my company has been dissolved since 2001. This time your office suggest we tried to download the form from the web site , so here we are for 2004 , I am attaching a check for the reinstatement since 2003 (since we filed 2002 , proof is you cash my check).

Any questions please feel free to contact me at the above phone number and address.

Regards,



pp. de 3/21
4/20/04
f

7/1/2002-90350-022-\$150.00-\$150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Attachment
66415755

DOCUMENT # **99000001548**
1. Entity Name
HANG FUNG DEVELOPMENT US Corp.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1060 RAINTREE LANE
3. Mailing Address
P.O. Box 460366
4. City & State
FL PALM BCH GARDEN, FL 33440
5. City & State
FL PALM BCH GARDEN, FL
6. Zip
33341

4. FEI Number **65-0907081**
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **HANG FUNG DEVELOPMENT US Corp**
Street Address (P.O. Box Number is Not Acceptable)
1060 RAINTREE LANE
City **PALM BCH GARDEN FL 33341**

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 in printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on pack)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT KOONG MILLIAN 1060 RAINTREE LANE PALM BCH GARDEN, FL 33440	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, without other like empowerment.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02 31,694,0192

Daytime Phone

CR2034B (12/01)

66415755

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1109068796

JUN 28 2002

FOR SIGN / WRITE / STAMP BELOW THIS LINE
FOR FRAUD IN PREVENTION

BANK OF AMERICA, NA JAX
#6638000474 E6375 99 P25
07/03/02

1109068796

RESERVE BOARD OF GOVERNORS REG. CO.
The following security features (and others, not listed) exceed industry standards:
• Document appearance if altered:
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• Decoloration of fibers on back of check
• Appear in signatures line
• Colored fibers or spots appear with chemical alteration
• Absence of padlock icon
• Padlock icon
* Padlock design is a certification mark of Check Payment Systems Association

HANG FUNG DEVELOPMENT INC 02/98

65010715 0149 0380 18 07-05-02
4/4/02 DATE

2230
03-0735/2670
BRANCH 20

PAY TO THE ORDER OF Department of STATE \$150.00
One hundred fifty DOLLARS

FIDELITY FEDERAL BANK & TRUST

FOR FEI: 65.0907081

[Signature]



Attachment 00415755
Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	N03000004812
Business Entity Name	APOPKA BUDDHIST ASSOCIATION INC.
Original File Date	06/02/2003

FEI Number

Principal Address 5242 KATI LYNN DR
APOPKA, FL 327126229

Mailing Address 5242 KATI LYNN DR
APOPKA, FL 327126229

Registered Agent SON N TRINH
5242 KATI LYNN DR
APOPKA, FL 327126229

Officer/Director Name And Address

PT
SON N TRINH
5242 KATI LYNN DR
APOPKA, FL 327126229

S
HANH L NGUYEN
5242 KATI LYNN DR
APOPKA, FL 327126229

D
TRACH D DOAN
36520 LAKE NORRIS RD
EUSTIS, FL 32726.

D
LONG V DUONG
3715 ONDICH RD
APOPKA, FL 32712

D

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

66415755

DOCUMENT # P 9900000 1548
1. Entity Name
HANG FUNG DEVELOPMENT U.S. Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1060 RAINTREE LANE PALM BCH GARDEN FL 33410		3. Mailing Address P.O. Box 460366 Suite, Apt. #, etc. FT. LAUDERDALE, FL 33346	
City & State	Country	City	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0907081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Deemed <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name _____

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

City _____ State **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 by an authorized printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		
TITLE PRESIDENT	NAME KOONG MILLIAN	TITLE
STREET ADDRESS 1060 RAINTREE LANE	STREET ADDRESS	NAME
CITY-ST-ZIP PALM BCH GARDEN FL 33410	CITY-ST-ZIP	STREET ADDRESS
TITLE	NAME	CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS	TITLE
CITY-ST-ZIP	CITY-ST-ZIP	NAME
TITLE	NAME	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP	TITLE
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TITLE	NAME	STREET ADDRESS
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	TITLE

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information contained in 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 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  5/20/02 31,694,0192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR250348 (1-2-01)