## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO8860  1. Entity Names Management 1							FILED Feb 07, 2000 8:00 am Secretary of State				
THE VIE	TNAMESE EV	ANGELICAL CHU	JRCH OF ST. PETERS	В			02-07-2000 9				
Principal Plac	e of Business		Mailing Address								
4344 21ST STREET NORTH ST PETERSBURG FL 33714			4344 21ST STREET NORTH ST PETERSBURG FL 33714-4142								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			A			olied For Applicable		
Zip	Country		Zip Country			5 Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and	Address of Current R	egistered Agent	Name		7. Name and	Address of New I	Registered A	gent		
The state of the s					Street Address (P.O. Box Number is Not Acceptable)						
TRAN, TA	Street A	Address (I	P.O. Box Numbe	er is not acceptable	ə) —————						
6991 65TH WAY NORTH PINELLAS PARK FL 33781											
1 111225 10	, , , , , , , , , , , , , , , , , , , ,	•		City				FL	Zip Code	•	
8. The above	e named entity sub	mits this statement for	the purpose of changing its re	gistered office o	r register	ed agent, or bot	h, in the state of Fl	orida.			
SIGNATURE		ed name of registered agent ar		egistered Agent signa	<del></del> .			DATE			
· · • :	FILE NOV FEE IS \$61					O May Be I to Fees		e Check P partment			
10.	,	OFFICERS AND DIRI		11.		ADDITIONS/CH	ANGES TO OFFICE	RS AND DIR		<del></del>	
TITLE  NAME  STRÉET ADDRÉSS  CITY-ST-ZIP	S NGUYEN, LE T 6507 109TH TI PINELLAS PAR	ERRACE	Delete	NAME STREET ADDRESS CITY-ST-ZIP	D No 42	auyen 180 67t inellas	YEN T. 4 Ave N Park, FL.	33781	☐ Change	-Addition	
TITLE NAME STREET ADDRESS	T Tran, Tam V 6991 65TH WA	AY N	☐ Delete	TITLE NAME STREET ADDRESS	D. NG 16	WEN, +	14NK P. e Heathe FL 33618	ir br.	Change	<b>⊠</b> Addition	
CITY-ST-ZIP	PINELLAS PAR	RK FL	☐ Delete	CITY-ST-ZIP TITLE	14	mpa,	76 53618		Change	Addition	
NAME	VO, HUNG M		- Delote	NAME					0	_	
STREET ADDRESS CITY-ST-ZIP	6801 10TH AV		, <u> </u>	STREET ADDRESS							
TITLE	<u>  St Petersbu</u>   D	RG FL	☐ Delete	TITLE					☐ Change	Addition	
NAME	TRAN, S T			NAME							
STREET ADDRESS CITY-ST-ZIP	6785 63 WAY			STREET ADDRESS CITY-ST-ZIP	Ì						
TITLE	PINELLAS PAR D	II <u>N_</u> FL	☐ Delete	TITLE	<del>                                     </del>				Change		
NAME	PHAM, LONG			NAME							
STREET ADDRESS CITY-ST-ZIP	11214 OAKHA' PINELLAS PAR			STREET ADDRESS CITY-ST-ZIP							
TITLE	D PINELUAS FAN	<u>ux 1                                   </u>	☐ Delete	TITLE	-		<del>-</del>		☐ Change	<u> </u>	
NAME	PHUC, LAM Q			NAME							
STREET ADDRESS CITY-ST-ZIP	2496 38TH AV ST PETERSBU	•		STREET ADDRESS 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)(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:

1/14/00

Daytime Phone #