

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90089 049 ****61.25

DOCUMENT # N08860

1. Entity Name

**THE VIETNAMESE EVANGELICAL CHURCH OF ST. PETERSB
 URG, FL., INC.**

Principal Place of Business

Mailing Address

**4344 21ST STREET NORTH
 ST PETERSBURG FL 33714**

**4344 21ST STREET NORTH
 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

05-0012815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAN, TAM V
 7035 BAYOU WEST PLACE
 PINELLAS PARK FL 33782**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
 NAME **NGUYEN, LE T**
 STREET ADDRESS **6507 109TH TERRACE**
 CITY-ST-ZIP **PINELLAS PARK FL**

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

TITLE **T** ☐ Delete
 NAME **TRAN, TAM V**
 STREET ADDRESS **7035 BAYOU WEST PLACE**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE **D** ☒ Delete
 NAME **VO, HUNG M**
 STREET ADDRESS **6801 10TH AVE., N**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **HO, Han P.**
 STREET ADDRESS **916 E. 109 Ave Tampa FL 33612**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TRAN, S T**
 STREET ADDRESS **6785 63 WAY N**
 CITY-ST-ZIP **PINELLAS PARK FL**

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

TITLE **D** ☐ Delete
 NAME **PHAM, LONG T**
 STREET ADDRESS **11214 OAKHAVEN DR**
 CITY-ST-ZIP **PINELLAS PARK FL**

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

TITLE **D** ☐ Delete
 NAME **PHUC, LAM Q**
 STREET ADDRESS **2496 38TH AVE, N**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02

CR2E037 (9/01)