2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17234

1. Entity Name

WAT LAO MIXAYARAM, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90022 038 ****70.00

Principal Place of Business	Mailing Address
4300 43RD STREET NORTH ST. PETERSBURG FL 33714-3504	4300 43RD STREET NORTH ST. PETERSBURG FL 33714-3504

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KHAMPHET VONGKORAD
4300 43RD STREET NORTH
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name Lamphone Xayyathep

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

4300 43rd Street North

City St. Petersburg FL Zip Code 33714

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 L AMPHONE XAYYATHEP 3-9-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PHOMMAVONG, SANGTHONG 5245 ROBIN LANE NORTH ST. PETERSBURG FL 33714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KENMANIVONG, THONGDAM 3121 UNION ST. NO. ST. PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAJSAVONG, KHAMPHANH 5255 101ST AVE. NO. PINELLAS PARK FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T INSOUTA, KHAMPHANH 5255 101ST AVENUE NORTH PINELLAS PARK FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SAYASANE, SAVANG 9920 53RD LANE NORTH PINELLAS PARK FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SYSAMOUTH, PHOY 8836 52ND STREET NORTH PINELLAS PARK FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 3.9.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #