

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91263 045 ****70.00

DOCUMENT # N17234

1. Entity Name

WAT LAO MIXAYARAM, INC.

Principal Place of Business

Mailing Address

**4300 43RD STREET NORTH
 ST. PETERSBURG FL 33714-3504**

**4300 43RD STREET NORTH
 ST. PETERSBURG FL 33714-3504**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

~~XAYYAATHEP, LAMPHONE~~
~~4300 43RD STREET NORTH~~
~~ST. PETERSBURG FL 33714~~

Name

Phongsisattanak, Kio

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

~~4300 43rd Street North~~

St Petersburg, FL 33714

City

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

Phongsisattanak, Kio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/02

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 **P** ☒ Delete
 NAME **PHOMMAVONG, SANGTHONG**
 STREET ADDRESS **5245 ROBIN LANE NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE **P** ☒ Change ☐ Addition
 NAME **Rajsavong, Khamphanh**
 STREET ADDRESS **5255 101st Ave North**
 CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE **V** ☒ Delete
 NAME **KENMANIVONG, THONGDAM**
 STREET ADDRESS **3121 UNION ST. NO.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **V** ☒ Change ☐ Addition
 NAME **Sayasane, Savang**
 STREET ADDRESS **9920 53rd Lane North**
 CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE **S** ☒ Delete
 NAME **RAJSAVONG, KHAMPHANH**
 STREET ADDRESS **5255 101ST AVE. NO.**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **S** ☒ Change ☐ Addition
 NAME **Sengouane, Sangouane**
 STREET ADDRESS **1817 23rd Ave North**
 CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **T** ☒ Delete
 NAME **INSOUTA, KHAMPHANH**
 STREET ADDRESS **5255 101ST AVENUE NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **T** ☒ Change ☐ Addition
 NAME **Phongsisattanak, Phamany**
 STREET ADDRESS **1501 21st Ave North**
 CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **VT** ☒ Delete
 NAME **SAYASANE, SAVANG**
 STREET ADDRESS **9920 53RD LANE NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **VT** ☒ Change ☐ Addition
 NAME **Luangsouphom, Saysamone**
 STREET ADDRESS **2158 23rd Ave North**
 CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **VT** ☒ Delete
 NAME **SYSAMOUTH, PHOY**
 STREET ADDRESS **8836 52ND STREET NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **VT** ☒ Change ☐ Addition
 NAME **Youkong, Vieng**
 STREET ADDRESS **2721 26th Ave North**
 CITY-ST-ZIP **St. Petersburg, FL 33713**

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:

Phongsisattanak, Kio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 (727) 546-5307

Date

Daytime Phone #

CR2E037 (9/01)