

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90070 009 ****70.00

DOCUMENT # N25107

1. Entity Name

VIETNAMESE ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

636 N THORNTON AVE
 ORLANDO FL 32803
 US

636 N THORNTON AVE
 ORLANDO FL 32803-4669
 US

2. Principal Place of Business

3. Mailing Address

700 North Hampton Ave

P.O. Box 533175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando & Florida

City & State

Orlando & Florida

4. FEI Number

59-3449802

Applied For

Not Applicable

Zip

32803

Country

U.S

Zip

32853-3175

Country

U.S

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

NGUYEN, THOMAS T
 636 N THORNTON AVE
 ORLANDO FL 32803

Name

David Q. Bui, M.D.

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

700 North Hampton Ave

City

Orlando

FL

Zip Code
 32803

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

David Q. Bui

David Q. Bui, President

4/25/2000

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	T	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, QUYNH QUOC	
STREET ADDRESS	7242 KENSINGTON HIGH BLVD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, THOMAS T	
STREET ADDRESS	636 N THORNTON AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNG Q BUI, DAVID M	
STREET ADDRESS	11821 ALAFAYA WOODS CT	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, THUY T	
STREET ADDRESS	8523 PORT SAID ST	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	T	<input type="checkbox"/> Delete
NAME	NGUYEN, TRAM T	
STREET ADDRESS	4755 CHEROKEE ROSE DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DE HUU, TRAN	
STREET ADDRESS	1845 WAKULLA ST	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Q. Bui	
STREET ADDRESS	700 N. Hampton Ave	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	An Ngoc Chau	
STREET ADDRESS	1416 Prairie Lake Blvd	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tho Thuy Uong	
STREET ADDRESS	3946 Valencia Grove Lane	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ty Van Nguyen	
STREET ADDRESS	9009 Littleton Ct	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tram Thy Nguyen	
STREET ADDRESS	4755 Cherokee rose Dr	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nguyet Anh	
STREET ADDRESS	2925 E. South St	
CITY-ST-ZIP	Orlando, FL 32803	

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:

David Q. Bui
SIGNATURE REQUIRED

David Q. Bui, 4/25/2000

407-895-3407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)