

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
 01-25-2001 90135 034 ****70.00

DOCUMENT # N35623

1. Entity Name
VIETNAMESE VETERANS ASSOCIATION OF CENTRAL FLORI

Principal Place of Business
**9434 BROWNWOOD CT.
 OVIEDO FL 32765
 US**

Mailing Address
**9434 BROWNWOOD CT.
 OVIEDO FL 32765
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9434 BROWNWOOD CT.
 Suite, Apt. #, etc.

3. Mailing Address
9434 BROWNWOOD CT.
 Suite, Apt. #, etc.

City & State
OVIEDO FLORIDA

City & State
OVIEDO, FL

Zip
FL 32765

Country
USA

Zip
32765

Country
USA

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
**TRAN, QUY VAN
 9434 BROWNWOOD CT.
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent
 Name
QUY VAN TRAN
 Street Address (P.O. Box Number is Not Acceptable)
9434 BROWNWOOD CT.
 City
OVIEDO **FL** Zip Code
32765

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 **Quy Van Tran** **QUY VAN TRAN** **1-08-2001**
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC TRAN, QUY VAN 9434 BROWNWOOD CT. OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D NGUYEN, CANG H 1080 LEJAY ST. ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHU, MAO V 4851 RED WILLOW AVENUE ORLANDO FL 32808	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAU, AN AGOC 1416 PRAIRIE LAKE BLVD. OCCEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BUI, DAO H 755 TIMORE ROAD ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAU, AN NGOC 1416 PRAIRIE LAKE BLVD OCCEE FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Quy Van Tran** **SIGNATURE REQUIRED** **QUY VAN TRAN** **1/08/2001** **407-836-2064**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)