

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90020 024 \*\*\*\*70.00

**DOCUMENT # N35623**

1. Entity Name

**VIETNAMESE VETERANS ASSOCIATION OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

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

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

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

7. Name and Address of New Registered Agent

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

Name **TRAN, QUY VAN**

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

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 ☐ Delete  
 NAME **PDC**  
 STREET ADDRESS **TRAN, QUY VAN**  
 CITY-ST-ZIP **9434 BROWNWOOD CT.  
 OVIEDO FL 32765**

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

TITLE ☒ Delete  
 NAME **V/D**  
 STREET ADDRESS **NGUYEN, CANG H**  
 CITY-ST-ZIP **1080 LEJAY ST.  
 ORLANDO FL 32825**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **CAN HUYNH**  
 CITY-ST-ZIP **1823 N. HASTING ST. FL, 32808**

TITLE ☒ Delete  
 NAME **V**  
 STREET ADDRESS **CHU, MAO V**  
 CITY-ST-ZIP **4851 RED WILLOW AVENUE  
 ORLANDO FL 32808**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **HIEP VO**  
 CITY-ST-ZIP **215 WILSHIRE, CAUSELBERY  
 FL 32707**

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **CHAU, AN NGOE**  
 CITY-ST-ZIP **1416 PRAIRIE LAKE BLVD.  
 OCEE FL 34746**

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

TITLE ☐ Delete  
 NAME **T/D**  
 STREET ADDRESS **BUI, DAO H**  
 CITY-ST-ZIP **755 TIMORE ROAD  
 ORLANDO FL 32804**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**

**3-3-2002 407-677-8118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)