

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2000 8:00 am**  
**Secretary of State**

06-14-2000 90008 001 \*\*\*\*61.25  
 06-14-2000 90008 002 \*\*\*\*8.75

17769

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N37882** **R**  
 1. Entity Name  
**Tam-Bao Temple, Inc.**

Principal Place of Business: **4766 ROCK SPRINGS RD. N. APOPKA FL 32712**  
 Mailing Address: **4766 N ROCK SPRING RD APOPKA FL 32712**


2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State 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  
**REV. VIEN HANH SANVARO (TUAN NGUYEN).  
 4766 N ROCK SPRINGS Rd.  
 APOPKA FL 32712**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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

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	<b>SANVARO, VIEN HANH</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4766 ROCK SPRING Rd APOPKA FL 32712</b>
TITLE NAME	<b>THANK LE</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1755 LAKE TERRACE Dr. EUSTIS FL.</b>
TITLE NAME	<b>NGUYEN ELVIS</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1048 34TH ST. ORLANDO FL.</b>
TITLE NAME	<b>NGUYEN THUY LIEN</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1106 TYLER LAKE CIRCLE. ORLANDO FL.</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>SANVARO, VIEN HANH (T. NG)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>4766 ROCK SPRING Rd. APOPKA FL 32712</b>
TITLE NAME	<b>LAM VAN PHUC</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>5510 AXIOM AVE ORLANDO FL 32809</b>
TITLE NAME	<b>NGUYEN ELVIS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>1048 34TH ST. ORLANDO FL 32809</b>
TITLE NAME	<b>TRAN THUY HANG</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>5316 POINTE VISTA CIR APT # 203 ORLANDO FL 32839</b>
TITLE NAME	<b>NGUYEN THU CUC</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>358 SOUTHERN CHARM Dr. ORLANDO FL 32807</b>
TITLE NAME	<b>TRAN LE THUY LIEN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>358 SOUTHERN CHARM Dr. ORLANDO FL 32807.</b>

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:  **May 8-2000** (407) 886 9072  
 Signature AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (\$199)