

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # N37882**

1. Entity Name  
**TAM-BAO TEMPLE, INC.**



03-03-2003 90733 001 \*\*\*\*61.25  
03-03-2003 90733 002 \*\*\*\*\*5.00

Principal Place of Business  
**4766 N ROCK SPRINGS RD  
APOPKA FL 32712**

Mailing Address  
**4766 N ROCK SPRINGS RD  
APOPKA FL 32712**

2. Principal Place of Business

3. Mailing Address  
**TAM BAO TEMPLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**4766 N ROCK SPRINGS RD**

City & State

City & State  
**APOPKA Florida**

Zip

Country

Zip  
**32712**

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TUAN-SANVARO, REV., NGUYEN QUANG  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
NAME **SANVARO, NGUYEN Q. TUAN**  
STREET ADDRESS **4766 N ROCK SPRING RD**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D**  Delete  
NAME **LAM VAN, PHUC**  
STREET ADDRESS **5510 AXIOM AVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D**  Delete  
NAME **NGUYEN, ELVIS**  
STREET ADDRESS **1048 34TH ST.**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D**  Delete  
NAME **TRAN, THUYHANG**  
STREET ADDRESS **5316 POINTE VISTA CIR APT #203**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D**  Delete  
NAME **NGUYEN, THU CUC**  
STREET ADDRESS **358 SOUTHERN CHARM DR.**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D**  Delete  
NAME **TRAN, LE THUY LIEN**  
STREET ADDRESS **358 SOUTHERN CHARM DR.**  
CITY-ST-ZIP **ORLANDO FL 32807**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME **REV. TUAN QUANG NGUYEN**  
STREET ADDRESS **4766 N ROCK SPRINGS RD**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE  Change  Addition  
NAME **D LAM VAN, PHUC**  
STREET ADDRESS **5510 AXIOM AVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE  Change  Addition  
NAME **D NGUYEN, ELVIS**  
STREET ADDRESS **1048 34TH ST**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE  Change  Addition  
NAME **D TRAN, THUYHANG**  
STREET ADDRESS **7600 DEBEAUBIEN DR.**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE  Change  Addition  
NAME **D NGUYEN, THU CUC**  
STREET ADDRESS **358 SOUTHERN CHARM DR.**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE  Change  Addition  
NAME **D HAI HUNG LAM**  
STREET ADDRESS **7600 DEBEAUBIEN DR.**  
CITY-ST-ZIP **ORLANDO FL 32835**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **Feb 18/2003** (407-9867072)

CR2E037 (10/02)