

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90203 001 ****61.25
04-18-2001 90203 002 ****8.75

37258



DO NOT WRITE IN THIS SPACE

DOCUMENT # N43410

1. Entity Name

CAMBODIAN AMERICAN ASSISTANT ASSOCIATION OF FLO

Principal Place of Business

Mailing Address

**5371 68TH STREET NORTH
ST. PETERSBURG FL 33709**

**5371 68TH STREET NORTH
ST. PETERSBURG FL 33709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3073989**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SALY, BUN JOHN
5371 68TH STREET NORTH
ST. PETERSBURG FL 33709**

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

**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 **DP**
STREET ADDRESS **SALY, BUN JOHN**
CITY-ST-ZIP **5371 68TH STREET NORTH
ST. PETERSBURG FL**

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

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **MENE, SOBINAMEY**
CITY-ST-ZIP **6173 71ST ST. N.
ST. PETERSBURG FL**

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **LON, PENH**
CITY-ST-ZIP **2600 35TH ST N
ST. PETERSBURG, FL 33713**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MEN, MON**
CITY-ST-ZIP **2419 16TH AVE N
ST. PETERSBURG, FL 33713**

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

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: **AS SIGNED BY BUN JOHN SALY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/01

(727) 545-4778

CR2E037 (10/00)