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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 19, 2001 8:00 am DOCUMENT # N46347 **Secretary of State** 1. Entity Name LAO-AMERICAN ASSOCIATION OF FLORIDA, INC. 02-19-2001 90008 030 \*\*\*\*61.25 Mailing Address Principal Place of Business 25700 SW 133 AVE 25700 SW 133 AVE HOMESTEAD FL 33032 HOMESTEAD FL 33032 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0363304 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **BOUNCHAREUNE, SOMJIT** 25700 SW 133 AVE HOMESTEAD FL 33032 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. RITSAMAY PHETBANDIT Change ☐ Addition ☐ Delete TITI F TITLE 153| DREXELL DR # 435 NAME **BOUNCHAREUNE, SOMJIT** NAME STREET ADDRESS 25700 SW 133 AVE W. PALMBEACH FL STREET ADDRESS CITY-ST-ZIP TITLE = SD CITY-ST-ZIP HOMESTEAD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SOUPHANTHAVONG, DETH NAME STREET ADDRESS STREET ADDRESS 17775 SW 272 ST CITY-ST-ZIP CITY-ST-ZIP HOMSTEAD FL ☐ Change Addition TITLE D٧ ☐ Delete TITLE INTHANAM, CHANSOUK NAME NAME STREET ADDRESS STREET ADDRESS 13234 SW 255STT CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL Change - Addition DT-~⊟ Detete TITLE TitLE INTHANAM, NO NAME NAME STREET ADDRESS STREET ADDRESS 19541 SW 117 CT CITY-ST-ZIP CITY-ST-ZIP **CUTLER PIDGE FL** Change ☐ Addition TITLE TITLE Delete PHANIDASAK, PHONTHEP NAME NAME STREET ADDRESS STREET ADDRESS 13856 SW 88 ST KENDALL DR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL \_\_ Change ☐ Addition TITLE ☐ Delete TITLE **BOUNCHAREUNE, LUMPORN** NAME NAME STREET ADDRESS STREET ADDRESS 25700 SW 133 AVE CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 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: Supplied to the state of the stat