

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90110 036 \*\*\*\*61.25

**DOCUMENT # N46347**

1. Entity Name

**LAO-AMERICAN ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business

**25700 SW 133 AVE  
HOMESTEAD FL 33032  
US**

Mailing Address

**25700 SW 133 AVE  
HOMESTEAD FL 33032  
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 **65-0363304**

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

**BOUNCHAREUNE, SOMJIT  
25700 SW 133 AVE  
HOMESTEAD FL 33032**

Name **DON VONGKHAMPHRA**

Street Address (P.O. Box Number is Not Acceptable)

**13595 SW. 260 ST.**

City **HOMESTEAD**

**FL**

Zip Code **33032**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**APR-26-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                      |                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DR DV<br/>BOUNCHAREUNE, SOMJIT<br/>25700 SW 133 AVE<br/>HOMESTEAD FL</b>          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>SOUPHANTHAVONG, DETH<br/>17775 SW 272 ST<br/>HOMESTEAD FL</b>              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>INTHANAM, CHANSOUK<br/>13234 SW 255STT<br/>HOMESTEAD FL</b>                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>INTHANAM, NO<br/>19541 SW 117 CT<br/>CUTLER RIDGE FL</b>                   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>PHETBANDIT, RITSAMAY<br/>1531 DREXELL DRIVE #45<br/>WEST PALM BEACH FL</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BOUNCHAREUNE, LUMPORN<br/>25700 SW 133 AVE<br/>HOMESTEAD FL</b>             | <input checked="" type="checkbox"/> Delete |

|                                                |                                                                               |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>DON VONGKHAMPHRA<br/>13595 SW. 260 ST.<br/>HOMESTEAD, FL 33032</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KESOM CHANGKACHITH<br/>16264 SW. 302 ST.<br/>HOMESTEAD, FL 33030</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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]* **DON VONGKHAMPHRA**

**APR-26-03**

CR2E037 (10/02)