

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003101 (1) 1. Corporation Name UNITED ASIAN COMMUNITY, INC.			
Principal Place of Business 275 96TH N. UNIT #1 ST. PETERSBURG FL 33702		Mailing Address 275 96TH N. UNIT #1 ST. PETERSBURG FL 33702	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 06/23/1995		4. FEI Number 59-3225660	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent KWOH, HENRY S 275 96TH N. UNIT #1 ST. PETERSBURG FL 33702		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	VORASARN, CHANTHO,		
STREET ADDRESS	275 96TH N. UNIT #1		
CITY - ST - ZIP	ST. PETERSBURG FL 33702		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	FUNG, PAUL Y		
STREET ADDRESS	275 96TH N. UNIT #1		
CITY - ST - ZIP	ST. PETERSBURG FL 33702		
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	NGO, TIN O		
STREET ADDRESS	275 96TH N. UNIT #1		
CITY - ST - ZIP	ST. PETERSBURG FL 33702		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KWOH, HENRY S.		
STREET ADDRESS	275 96TH AVE N.		
CITY - ST - ZIP	ST. PETERSBURG FL 33702		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	PHIET PHAM		
3.3 STREET ADDRESS	5421 - 70TH LANE N		
3.4 CITY - ST - ZIP	ST. PETERSBURG FL 33709		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	P J BRADLEY		
5.3 STREET ADDRESS	10033 9TH ST. N		
5.4 CITY - ST - ZIP	ST. PETERSBURG FL 33716		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	ANU DURAI		
6.3 STREET ADDRESS	3561 SHORELINE CIRCLE		
6.4 CITY - ST - ZIP	PALM HARBOR FL 34683		
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address			
SIGNATURE: <i>[Signature]</i> CHANTHO VORASARN 2-2-98 (813) 323-1722			

CR2E037 (10/97)