


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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91004 004 ****70.00

DOCUMENT # N95000003101

1. Entity Name
UNITED ASIAN COMMUNITY, INC.



Principal Place of Business Mailing Address
275 96TH N. UNIT #1 **275 96TH N. UNIT #1**
ST. PETERSBURG FL 33702 **ST. PETERSBURG FL 33702**

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 **59-3225660** 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

KWOH, HENRY S
275 96TH N. UNIT #1
ST. PETERSBURG FL 33702

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: *Henry S. Kwoh* DATE: **4-2-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> Delete
NAME	VONGSAVANH, KEOPHILA	
STREET ADDRESS	6351 80TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	PD	<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	PHIET, PHAM	
STREET ADDRESS	5421 70TH LANE N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	KWOH, HENRY S.	
STREET ADDRESS	275 96TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, P J	
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURAI, ANU	
STREET ADDRESS	3561 SHORELINE CIR	
CITY-ST-ZIP	PALM HARBOR FL 34683	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. KEVIN KANE	
STREET ADDRESS	1818 - 29TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33713	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDY SAN	
STREET ADDRESS	5400 - 38TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **4-2-03** PHONE: **(727) 571-7633**

CR2E037 (10/02)