

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

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90032 007 \*\*\*\*75.00

DOCUMENT # N 96000004687

1. Entity Name **THE VIETNAMESE POLITICAL  
PRISONERS ASSOCIATION, INCORPORATED**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**4412 NW 43 RD ST**

Suite, Apt. #, etc.

**4412 NW 43 RD ST**

City & State

**COCONUT CREEK, FL**

City & State

**COCONUT CREEK, FL**

Zip

**33073**

Country

**BROWARD**

Zip

**33073**

Country

**BROWARD**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**NGUYEN NGOC HON**

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

**4270 NW 40 ST # 110**

City

**LAUDERDALE LAKES**

FL

Zip Code

**33319**

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

*Hon Nguyen*

**NGUYEN NGOC HON**

**01-10-2005**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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 **DC**  
NAME **NGUYEN NGOC HON**  
STREET ADDRESS **4270 NW 40 ST #110**  
CITY- ST- ZIP **LAUDERDALE LAKES, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **DVC**  
NAME **PHAN CANG**  
STREET ADDRESS **6241 SW 9TH STREET**  
CITY- ST- ZIP **N-LAUDERDALE, FL 33068**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **DVC**  
NAME **TRUONG THANH NGUYEN**  
STREET ADDRESS **4412 NW 43 RD ST**  
CITY- ST- ZIP **COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **DS**  
NAME **THANH NGOC LE**  
STREET ADDRESS **21330 SAWMILL CT**  
CITY- ST- ZIP **BOCA RATON, FL 33498**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **DT**  
NAME **ANH TRUONG**  
STREET ADDRESS **4127 EASTRIDGE CIR**  
CITY- ST- ZIP **POMPANO BEACH, FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hon Nguyen*

**NGUYEN NGOC HON**

**01-10-2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)