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

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-21-2006 90050 016 ****75.00

DOCUMENT # N 96000004687

1. Entity Name THE VIET NAMESE POLITICAL PRISONERS ASSOCIATION, INCORPORATED

50004335

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HON NGOC NGUYEN

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

1809 NW 3 ST.

City POMPANO BEACH FL Zip Code 33069

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 HON NGOC NGUYEN 03-06-06
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC- HON NGOC NGUYEN 1809 NW 43 ST POMPANO BEACH, FL 33069
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC- TRUONG THANH NGUYEN 4412 NW 43 RD ST COCONUT CREEK, FL 33073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS- THANH NGOC LE 21330 SAWMILL Ct BOCA RATON, FL 33498
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT- ANH TRUONG 4127 EASTRIDGE CIR POMPANO BEACH, FL 33064
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CR2E037B (12/02)

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 03-06-06 5PM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #