

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006147

1. Entity Name

HOI THANH TIN LANH BAP TIT LIEN HIEP INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90231 038 ****61.25

Principal Place of Business	Mailing Address
306 DEVILLIERS ST PENSACOLA FL 32501 US	306 DEVILLIERS ST PENSACOLA FL 32501 US

2. Principal Place of Business <i>306 N. Devilliers St</i>	3. Mailing Address <i>306 N. Devilliers St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3416331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
COWARD, WILLIAM R 2135 SCHWAB COURT PENSACOLA FL 32504

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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PV COWARD, WILLIAM R 2135 SCHWAB CT. PENSACOLA FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
ST TRAN, LIEN 3005 JUNCTION DR CANTONMENT FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D NGUYEN, DUNG 3005 JUNCTION DR CANTONMENT FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D PHAM BA T. 1215 CONFERENCE RD. CANTONMENT FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D NGUYEN, NHUNG KIM 3005 JUNCTION DR CANTONMENT FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D TRAN, DAO 1400 W GREGORY ST PENSACOLA FL 32501	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>William R. Coward</i>	Signature and Typed or Printed Name of Signing Officer or Director	Date	Daytime Phone #
	William R. Coward	1/19/00	(850) 436-4444

CR2E037 (9/99)