## · 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N97000002614 WAT LAO PHOUTHAPHAVANNARAM, INC. Mailing Address Principal Place of Business 5618 58TH ST N. 5618 58TH ST N. KENNETH CITY FL 33709-1906 KENNETH CITY FL 33709

## Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90041 003 \*\*\*\*70.00



NAME STREET ADDRESS TREET ADDRESS TITLE NAME STREET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS TOTY-ST-ZIP TITLE TITLE SOURIYAVONGSA, BOUNPHENG STREET ADDRESS TOTY-ST-ZIP TITLE SOURIYAVONGSA, BOUNPHENG STREET ADDRESS TREET ADDRESS									
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SOUK, THOMAS 8888-881H STREET NORTH PINELLAS PARK FL 33782  SIGNATURE  Signature, typed or present curve of registered agent and side apert a					4. FEI Numb	4. FEI Number 50-3450687		· · · · · · · · · · · · · · · · · · ·	
SCOUK, THOMAS  SERIES AGAINST STREET NORTH PINELLAS PARK FL 33782  SIGNATURE    Signature   File   F	Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Ad	ditional	
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SIGNATURE  Signature, open or private name of imparament agent and size if applicable (NOTE: Registered Agent signature required whon releastating)  SIGNATURE  FILE NOW: FEE IS \$61.25  Signature, open or private name of registered agent and size if applicable (NOTE: Registered Agent signature required whon releastating)  DATE  FILE NOW: FEE IS \$61.25  SIRET ADDRESS  OUT - 51.2P  NAMMAKOTH, SOUTHAI SIRET ADDRESS  SIRET ADDR		6. Name and Address of Current H	egistered Agent	Nam		Address of New Registered A	yent		
SIGNATURE  Signature, open or private name of imparament agent and size if applicable (NOTE: Registered Agent signature required whon releastating)  SIGNATURE  FILE NOW: FEE IS \$61.25  Signature, open or private name of registered agent and size if applicable (NOTE: Registered Agent signature required whon releastating)  DATE  FILE NOW: FEE IS \$61.25  SIRET ADDRESS  OUT - 51.2P  NAMMAKOTH, SOUTHAI SIRET ADDRESS  SIRET ADDR				-	Charle Andreas (D.O. Day M. subar in Not Accordable)				
PINELLAS PARK FL 33782  City FL Zip Code  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  Signature, byted or printed name of registered agent and tale it accitable  PILE NOW: FEE IS \$61.25  PILE NOW: FEE IS \$61.25  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE NAME SIRECT ADDRESS  GITY-ST-ZIP  NAME VIXAYARATH, QUINHEUN SIRECT ADDRESS  SIREST ADDRESS  SIREST ADDRESS  SIREST ADDRESS  SIREST ADDRESS  SOURY SYLVE  SIRECT ADDRESS  GITY-ST-ZIP  TILE NAME SOUK, THOMAS SIRECT ADDRESS GITY-ST-ZIP  TILE NAME SOUK, THOMAS SIRECT ADDRESS GITY-ST-ZIP  TILE NAME SIRECT ADDRESS GITY-ST-ZI					Street Address (P.O. Box Number is Not Acceptable)				
City FL Zp 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    Signature, typed or prived name of logistered agent and one if applicable   (NOTE Registered Agent signature required when retinations)   DATE									
8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the state of Florida.    Signature	PINELLAS PARK FL 33782			City	City Zip Code				
SIGNATURE    FILE NOW: FEE IS \$61.25						<u> </u>			
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.    Added to Fees   Make Check Payable to Department of State	8. The above	anamed entity submits this statement for t	the purpose of changing its	registered office	e or registered agent, or bo	oth, in the state of Florida.			
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FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10.	SIGNATURE .				<u> </u>				
Trust Fund Contribution.   Added to Fées   Department of State    10.		Signature, typed or printed name of registered agent an	d title if applicable (NOTE	E: Registered Agent si	gnature required when reinstating)	DATE			
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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

**SIGNATURE:**