

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006394

1. Entity Name

ME BOUN FOUNDATION, INC.

Principal Place of Business

Mailing Address

3112 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

3112 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

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

65-0793613

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNG, BORASMY N  
3112 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME UNG, BORASMY N  
STREET ADDRESS 3112 NORTH FEDERAL HIGHWAY  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D ☐ Delete  
NAME LONG, G K  
STREET ADDRESS 1600 S. RIVER VALLEY ROAD  
CITY-ST-ZIP FLAGSTAFF AZ 86004

TITLE D ☐ Delete  
NAME PHAN, KIM H  
STREET ADDRESS 1021 DAWSON AVENUE  
CITY-ST-ZIP LONG BEACH CA 90804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

BORASMY UNG, Director 9/4/01 954-782-3271

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90056 005 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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CR2037 (5/01)