

**2000 UNIFORM BUSINESS REPORT (UBR)**

5

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90005 047 \*\*\*\*61.25

**DOCUMENT # N98000004893**

1. Entity Name

**VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA,**

Principal Place of Business

Mailing Address

7421 NW 76TH ST  
 TAMARAC FL 33321  
 US

7421 NW 76TH ST  
 TAMARAC FL 33321-5149  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LE, THIEN C 7421 NW 76TH STREET TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAO, PHUONG T DR. 7201 SOUTHWEST 1ST STREET MARGATE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHI, OAI H 7421 NW 76TH STREET TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN LE, NHAM 7201 SOUTHWEST 1ST STREET MARGATE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN NGO, TRONG 7201 SOUTHWEST 1ST STREET MARGATE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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
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: THIEN THIEN C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00

Date

Daytime Phone #

CR2E037 (9/99)

Form **SS-4**

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)  
**VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC**

2 Trade name of business (if different from name on line 1) \_\_\_\_\_ 3 Executor, trustee, "care of" name \_\_\_\_\_

4a Mailing address (street address) (room, apt., or suite no.)  
**7421 NW 76th Street** 5a Business address (if different from address on lines 4a and 4b) \_\_\_\_\_

4b City, state, and ZIP code  
**TAMARAC, FL 33321-5149** 5b City, state, and ZIP code \_\_\_\_\_

6 County and state where principal business is located  
**BROWARD, FLORIDA**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶  
**THIEN C. LE - SSN # 215-33-7290**

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN)  Estate (SSN of decedent)

Partnership  Personal service corp.  Plan administrator-SSN

REMIC  Limited liability co.  Other corporation (specify) ▶ \_\_\_\_\_

State/local government  National Guard  Trust  Farmers' cooperative

Other nonprofit organization (specify) ▶ **Fellow Countrymen Org.** (enter GEN if applicable) \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA (USA)** Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.)

Started new business (specify) ▶ \_\_\_\_\_

Banking purpose (specify) ▶ **For Donations Deposits**

Changed type of organization (specify) ▶ \_\_\_\_\_

Purchased going business

Created a trust (specify) ▶ \_\_\_\_\_

Hired employees

Created a pension plan (specify type) ▶ \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**06/04/99**

11 Closing month of accounting year (See instructions.) \_\_\_\_\_

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) \_\_\_\_\_  
**N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural  Agricultural \_\_\_\_\_ Household \_\_\_\_\_

14 Principal activity (See instructions.) ▶ **MUTUAL HELP WITHIN FELLOW COUNTRYMEN COMMUNITY**

15 Is the principal business activity manufacturing?  Yes  No

If "Yes," principal product and raw material used ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail)  Other (specify) ▶ \_\_\_\_\_  Business (wholesale)  N/A

17a Has the applicant ever applied for an identification number for this or any other business?  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **THIEN CHI LE, PRESIDENT**

Business telephone number (include area code) **(954) 722-5072**

Fax telephone number (include area code) **(954) 722-5072**

Signature ▶ *Thien* Date ▶ **06/14/00**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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