

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # N99000004746**

1. Entity Name

**ASIAN COMMUNITY ASSOCIATION, INC.**

04-11-2000 90201 001 \*\*\*\*61.25  
 04-11-2000 90201 002 \*\*\*\*\*8.75

Principal Place of Business 5371 68TH ST. NORTH ST. PETERSBURG FL 33709	Mailing Address 5371 68TH ST. NORTH ST. PETERSBURG FL 33709-2837
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7224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 450 34th Street N	3. Mailing Address 450 34th Street N
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State St. Petersburg, Florida	City & State St. Petersburg, Florida

4. FEI Number 59-3603136	Applied For <input type="checkbox"/> Not Applicable
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Zip 33713	Country USA	Zip 33713	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WOOD, BRADLEY J ESQ. 2600 NINTH STREET NORTH, 2ND FLOOR ST. PETERSBURG FL 33704</b>	7. Name and Address of New Registered Agent Name <b>Wood, Bradley J. Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2639 Ninth Street North</b> City <b>St. Petersburg, FL</b> Zip Code <b>33704</b>
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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 Bradley J. Wood, Esq. DATE 04/01/2000  
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 THONGDARA, SOUVATH 3465 25TH ST. NORTH ST. PETERSBURG FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALY, BUN J 5371 68TH ST. NORTH ST. PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VONGSYPRASOM, KHAMKEUNG 2328 16TH ST. NORTH ST. PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARAPHET, BOUNMA 2842 20TH AVE. NORTH ST. PETERSBURG FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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"/>
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"/>

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: Souvath Thongdara, President DATE 04/01/2000 DAYTIME PHONE # 727/322-2629  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #