2000 UNIFORM BUSINESS REPORT (UBR)											
DOCUMENT # N9900004746 1. Entity Name ASIAN COMMUNITY ASSOCIATION, INC.							Apr 11, 2000 8:00 am Secretary of State 04-11-2000 90201 001 ****61.25 04-11-2000 90201 002 *****8.75				
5371 68TH ST. NORTH ST. PETERSBURG FL 33709			5371 68TH ST. NORTH ST. PETERSBURG FL 33709-2837					,	7224		
2. Principal Place of Business 45.0 34th Street N			3. Mailing Address 450 34th Street N								
Suite, Apt. #, etc. Suite C			Suite, Apt. #, etc. Suite C					DO NOT	WRITE IN TH		
City & State St. Petersburg, Florida			City & State St. Petersburg, Florida			l	4. FEI Numbe 59-360				oplied For ot Applicati
^{Zip} 337	Zip 33713 Country USA		33713	3713 ÜS			5. Certificate			\$8.75 Add Fee Require	
WOOD, BRADLEY J ESQ. 2600 NINTH STREET NORTH, 2ND FLOOR ST. PETERSBURG FL 33704					Name Wood, Bradley J. Esq. Street Address (P.O. Box Number is Not Acceptable) 2639 Ninth Street North City St. Petersburg, FL Zip Code 33704						
SIGNATURE			-	n Financir		\$5.0	when reinstating) O May Be to Fees				
10.	* * * * * * * * * * * * * * * * * * *	OFFICERS AND DIRE	CTORS	11.		, , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHA	NGES TO OF	FICERS AND	DIRECTORS IN	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3465 25Th	ra, souvath I st. north Isburg fl 33713	☐ Delete							Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALY, BUI 5371 68TH	:	☐ Delete						. =	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VONGSYP 2328 16Th	RASOM, KHAMKEUNG I ST. NORTH ISBURG FL 33704	☐ Delete							☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARAPHE 2842 20Th	F, BOUNMA I AVE. NORTH ISBURG FL 33713	☐ Delete							☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GI. FEICE	IVVVIIQ FL QV/10	☐ Delete		i			,		☐ Change	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e information supplied with t	☐ Delete	TITLE NAME STRE CITY	E Et address ; -st-zip) F(a.::1- 0'::	A-2 16 11	Change	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date