

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000050786**

1. Entity Name

**A & N FORTUNE TRADING & MFG, CORP.****FILED****Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90054 048 \*\*\*150.00

001214

Principal Place of Business  
**622-4 CASSAT AVE  
JACKSONVILLE FL 32205**

Mailing Address  
**622-4 CASSAT AVE  
JACKSONVILLE FL 32205**

2. Principal Place of Business  
**5074 SHAWLAND RD**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL**

City & State

Zip  
**32254**

Country  
**USA**

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3649442**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent  
**THI NGUYEN, HONG VAN THI  
622-4 CASSAT AVE  
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent  
Name  
**NGUYEN, HONGVAN THI**  
Street Address (P.O. Box Number is Not Acceptable)  
**5074 SHAWLAND RD**  
**JACKSONVILLE**  
City  
**FL** Zip Code  
**32254**

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 *Hongvan T. Nguyen* DATE **3-13-01**  
Signature, typed or printed name of registered agent and ☐ if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANG, VEDWYN O 622-4 CASSAT AVE JACKSONVILLE FL 32205</b> <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	<b>D NGUYEN, HAI TAN 622-4 CASSAT AVE JACKSONVILLE FL 32205</b> <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	<b>ST THI NGUYEN, HONG VAN THI 622-4 CASSAT AVE JACKSONVILLE FL 32205</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hongvan T. Nguyen* **ST.** **3-13-01** **904 378-8908**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)