

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90045 034 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097982

1. Entity Name
QUOC HUONG ORIENTAL MARKET INC

Principal Place of Business Mailing Address
1609 N STRD 7 **1609 N STRD 7**
MARGATE FL 33063 **MARGATE FL 33063**

553268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FF Number 65-1050248	Applied For Not Applicable
State, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent TONY TRAN 1609 N STRD 7 MARGATE FL 33063			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 of the individual or the registered agent or the registered office)

9. This report is being filed to satisfy its filing requirements and does not constitute an offer of securities.
 FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$650.00
Make Check Payable to Department of State

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

11. PD OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TONY TRAN		NAME		
STREET ADDRESS	30 PINEHURST LANE		STREET ADDRESS		
CITY-STATE-ZIP	BOLA RATON FL 33431		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am either an officer or director of the corporation or an officer 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, as applicable, of an attachment, with an address, with all other like empowers.

SIGNATURE: _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

LAM H. BUI
CERTIFIED PUBLIC ACCOUNTANT

1034 NW 120 AVENUE
MIAMI, FLORIDA 33182
TELEPHONE (305) 488-0830
TELEFAX (305) 581-5030

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Attachments
PO000097982

TO: QUOC HUONG ORIENTAL MARKET

DATE: 4/27/01

553268

RE: INSTRUCTIONS FOR FILING ATTACHED TAX RETURN

RETURN ENCLOSED: 2001 UNIFORM BUSINESS REPORT

TO BE SIGNED BY: AN OFFICER

AMOUNT OF TAX OR REFUND: \$ 150.00 DUE DATE: 5/1/01

DRAW CHECK TO: DEPARTMENT OF STATE

MAIL TAX RETURN AND CHECK, IF APPLICABLE TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P O BOX 1500
TALLAHASSEE FL 32302-1500