

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90709 011 ***150.00

0402739 AV

DOCUMENT # P01000011167
 1. Entity Name
VT&T CORP.

Principal Place of Business Mailing Address
21463 TOWN LAKES DR SUITE 4-23 **21463 TOWN LAKES DR SUITE 4-23**
BOCA RATON FL 33486 **BOCA RATON FL 33486**

2. Principal Place of Business 3. Mailing Address
2114 NW 8TH ST **2114 NW 8TH ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOCA RATON **BOCA RATON**
 Zip Country Zip Country
33486 **PALM BEACH** **33486** **PALM BEACH**

4. FEI Number Applied For
05-1078837 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NGUYEN, AMIET
21463 TOWN LAKES DR SUITE 4-23
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name **AM IET NGUYEN**
 Street Address (P.O. Box Number is Not Acceptable)
2114 NW 8TH STREET
 City **BOCA RATON** **FL** Zip Code **33486**

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 *Amiet* **AM IET NGUYEN** **05/01/2002**
Signature, typed or printed name of registered agent and title 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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LA, HANG L	
STREET ADDRESS	730 HENLEY COURT	
CITY-ST-ZIP	DULUTH GA 30097	
TITLE	D	<input type="checkbox"/> Delete
NAME	LE, NGOCHONG	
STREET ADDRESS	21463 TOWN LAKES DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	NGUYEN, AMIET	
STREET ADDRESS	21463 TOWN LAKES DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Amiet* **AM IET NGUYEN** **05/01/2002** **923 3985**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)