

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000088473

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: HMONG OLDSMAR, INC.

Current Principal Place of Business:

180 BAYVIEW BLVD N
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

180 BAYVIEW BLVD N
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3743288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEU VUE, SYLVIE
180 BAYVIEW BLVD N
OLDSMAR, FL 34677

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEU VUE, SYLVIE
Address: 180 BAYVIEW BLVD N
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: VU, YVES
Address: 180 BAYVIEW BLVD N
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: HEU, BILLY
Address: 401 LAKEVIEW DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: VU, MO
Address: 180 BAYVIEW BLVD N
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIE HEU VUE

DP

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date