

# 2004 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P02000095159**

1. Entity Name

**IV BROTHER'S CORPORATION**

Principal Place of Business

Mailing Address

**6670 HOULTON CIRCLE  
LAKE WORTH FL 33467**

**6670 HOULTON CIRCLE  
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAX HOUSE CORPORATION**

**3929 N. FEDERAL HWY**

**POMPANO BEACH**

**FLORIDA 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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, 2003 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 **President** ☐ Delete  
NAME **HIEN NGUYEN**  
STREET ADDRESS **6670 HOULTON CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 N 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

**11/20/2003 (561)642-2565**

Date Daytime Phone #

FILED

03 DEC -2 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

03

4. FEI Number

**58-9740502**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2003 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: *Filing of Uniform Business Report 2003*  
P02000095159

**IV BROTHER'S CORPORATION**

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form in the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,



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**HIEN NGUYEN - President**  
**IV BROTHER'S CORPORATION**  
6670 HOULTON CIRCLE  
LAKE WORTH, FL 33467  
(561)642-2565