2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085432 1. Entity Name GIA-DINH HERITAGE FOUNDATION, INC.					Jan 29, 2002 8:00 am Secretary of State 01-29-2002 90061 006 ***150.00			
Principal Place of Business 1845 WAKULLA WAY ORLANDO FL 32839 US		Mailing Address 1845 WAKULLA WAY ORLANDO FL 32839 US						
2. Principal Place of Business		3. Mailing Address				YI TÜKÜN ĞIRIL ALDOQ	i littë tiet leet	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. f	FEI Number 59-3220132	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of New Registered	Agent		
TRAN, NHAN H 1845 WAKULLA WAY ORLANDO FL 32839			Street Add	Name Street Address (P.O. Box Number is Not Acceptable)				
01.0 8101	7 1 5 3 5 3 5 5		City		FI	Zip Code	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			to Department	0.00 of State	Election Campaign Financing Trust Fund Contribution.	☐ Added	0 May Be	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI VP TRAN, ANH T 1845 WAKULLA WAY ORLANDO FL 32839	RECTORS Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS Change Change	S IN 11 Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TU, PHUC 1845 WAKULLA WAY ORLANDO FL	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TRAN, MAI THI 1845 WAKULLA WAY ORLANDO FL 32839		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tran, mai thi 1845 wakulla way Orlando fl	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRA 1845 ORLA	N DANH WAKULA WAY NDO , FL 3283	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with th	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	1 in Section	119 07/3)(i) Florida Statutos I further o	Change	Addition	
indicated of the cor	on this report or supplemental report is tre poration or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	signature shall hav	e the same l	legal effect as if made under oath; that I	am an officer	or director	

SIGNATURE: