

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005475

1. Entity Name

ATTORNEY CAREER ADVANCEMENTS, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90165 035 ***150.00

Principal Place of Business

1405 NW 49 AVE
COCONUT CREEK FL 33063

Mailing Address

1405 NW 49 AVE
COCONUT CREEK FL 33063-3935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0463885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NGUYEN, HUNG T
1405 NW 49 AVE
COCONUT CREEK FL 33063

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DT	TITLE	
NAME	NGUYEN, BACH-MAI THI	NAME	
STREET ADDRESS	1405 NW 49TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	NGUYEN, HUNG TRIEU	NAME	
STREET ADDRESS	1405 NW 49 AVE	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: HUNG T NGUYEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/00

Date

954-969-1621

Daytime Phone #

CR2E034 (9/98)