## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P9400005475 DOCUMENT#

1. Entity Name

SIGNATURE:

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## **FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90042 005 \*\*\*150.00

Daytime Phone #

ATTORNE	Y CAREEF	RADVANCEMEN	ITS, INC	<b>).</b>								
Principal Place of Business 4096 COONTIE CT LANTANA FL 33463  Mailing Address 4096 COONTIE CT LANTANA FL 33463									1 1881/885 N.B. NOVI (1881/1881) (1881/1881)	DEPAT BRIAL BEA	DE BIERE BEBEL	<b>ire</b> i <b>k</b> ok i <b>l</b> e!
2. Principal P	lace of Busines	ss	3. Mail	ing Address								
(50	ame)		(Same)					/				
Suite, Apt.	#, etc.		Suite	e, Apt. #, etc.					CHECK HERE IF	MAKING (		
City & State	е		City	& State				<b>4.</b> F	El Number 65-0463885		<u> </u>	oplied For ot Applicable
.33462 <u>-</u>	3420	Country	Zip .334.6	52-3H22	Cour			<b>5.</b> (	Certificate of Status Desired		8.75 Add ee Require	
		nd Address of Curren				Nome	V	7. N	lame and Address of New Re	gistered Ac	ent	
NGUYEN,	HUNG T						ngu	_				
1405 NW						Street Add			ox Number is Not Acceptable) YTIE COURT			
COCONUT	CREEK FL	33063				LANT	rANA			_		
•						City	4	,		FL	Zip Cod	.62
8. The above	named entity stions of register	submits this statement f	or the purp	ose of changing its	s register	red office or r	egistere	d age	ent, or both, in the State of Flor	ida. I am fai	miliar with	and accept
	Hun	a T. Name	175 -	HUNG	$T_{i}$	NGUYE!	J			1/03/0	3	
SIGNATURE.	Signature, typed o	printed name of registered age	and title if app			ed Agent signature		hen re	einstating)	DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00	)	·	-				Election Campaign Fina     Trust Fund Contribution			May Be
1	k Payable to	Florida Department						AD	DITIONS/CHANGES TO OFFI	CEDO AND F	NDECTOR	S INL 11
10.	DT	OFFICERS AND	DIRECTO	PS Delete	7 11.			AD	DUITIONS/CHANGES TO OFFI		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, B	ACH-MAI THI OTH AVENUE CREEK FL 33063				ME REET ADDRESS Y-ST-ZIP						
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NAME					NAM are	ŀ						
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CITY-ST-ZIP						Y-ST-ZIP				<u>.</u>		
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STREET ADDRESS					STF	REET ADDRESS						
CITY-ST-ZIP					-	Y-ST-ZIP					Change	Addition
TITLE NAME				☐ Delete	TITI NAI						□ Anange	
STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP	cortify that the	information supplied wi	th this filing	does not qualify for	or the ev	Y-ST-ZIP	ed in Sec	tion	119.07(3)(i), Florida Statutes. I	further certi	fy that the i	information
indicated of the co	l on this report rooration or the		is true and powered to	execute this repor	my signa t as requ				legal effect as if made under o ida Statutes; and that my name			