## 2001 HNIFORM RUSINESS REDORT (URB)

DOCUMENT # P96000042909					FILED Feb 03, 2001 8:00 am Secretary of State				
XAYA C	ORPORATION						062 021 ***150		
Principal Place	ce of Business	Mailing Address 6402 SANDY OAKS LANE							
STE 104 ORLANDO FL		ORLANDO FL 32809			4 (68)(68) NB	18418 BATTA BRIST BB114 BW13	1 <b>28</b> 241 <b>81310</b> (1818 1814 8	1150 (BS) 140)	
2. Principal Place of Business  Suite_Apt. #, eto.		3. Mailing Address 8445 International Suite Apt. H., etc.							
Suite, Apri	#, etc.	DRIVE STE #	104			DO NOT WRITE I	N THIS SPACE		بجن
City & State		City & State ORCANDO, FL 32819		4.	FEI Number	59-3386943		oplied For ot Applicable	
Zip	Country		Country	5.	Certificate of	Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7.	Name and A	ddress of New Regis	stered Agent		
XAYAVONG, VONGSACK 6402 SANDY OAKS LANE			Street A	AYA UO ddress (P.O. i	NG Box Number i 凡いれて	VONCTSAC s Not Acceptable) LONAL DR	K IVE STE	. १०५	
UHL	ANDO FL 32809		OR C	0000	, FL	32819	FL Zip Cod	e	
8. The above	named entity subprits this statement fo	or the purpose of changing its red	alstered office or	r registered ac	pent, or both.	in the State of Florida		817	
SIGNATURE .	Supplicate to provide thank of registered agent	<u>Von</u> Gsack x		_			Z-01		
Tax filing i	pration is eligible to satisfy its intangible requirement and elects to do so. ria on back)	After MAY 1, 2001 Make Check Payable	Fee will be \$5	550.00	1	on Campaign Financ Fund Contribution.	+	May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.	Αſ	DDITIONS/CH	IANGES TO OFFICE		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P XAYAVONG, VONGSACK 6402 SANDY OAK'S LANE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8445	INTER	IONGSACK NATIONAL L 32819	DRIVE SHO	☐ Addition 2 #104	5034 (10/00)
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13. I hereby of indicated of the corporated,	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empo or on an attachment with an address, w	this filing does not qualify for the true and accurate and that my swered to execute this report as the all others. It is also that it is also that all others is a second to the second that all others.	e exemption stat signature shall ha required by Cha	ed in Section ave the same pter 607, Flori	119.07(3)(i), F legal effect as ida Statutes; a	Florida Statutes. I furt is if made under oath; and that my name ap	her certify that the in that I am an officer pears in Block 11 or	formation or director Block 12 if	
SIGNAT	URE:SIGNATURE AND TAKEN OR PI	HINTED NAME OF SIGNING SEEDER OR D	DIRECTOR		-12-0	Date	407-353-4 Daytime Phone	576_	