FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jun 12, 2000 8:00 am Secretary of State DOCUMENT # P96000098176 1. Entity Name ALTHANH ENTERPRISE, INC. 06-12-2000 90039 008 ***150.00 Principal Place of Business Mailing Address POB 660 1800 NORTHGATE BLVD ONECO FL 34264-0660 SARASOTA FL 34234 US 3. Mailing Address 2. Principal Place of Business 1800 Northgate Blvd. A1 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. A1 City & State 4. FEI Number Applied For City & State 59-3413619 SARASOTA Not Applicable 34<u>234</u> Zip Country \$8.75 Additional Country 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICKY C. UNGER NGUYEN, THANH V Street Address (P.O. Box Number is Not Acceptable) Suite D 1800 NORTHGATE BLVD, A1 <u>2383 S. Tamiami Trail,</u> **GATEWAY BUSINESS CENTER** SARASOTA FL 34234 City VENICE 8. The above named entitle authritis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida KICKY C UNGER SIGNATURE This corporation is eligible to satisfy its int Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 ntangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. -(See criteria on back) * Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete Change TITLE TITLE GENERAL MANAGER NGUYEN, THANH V NAME NAME GEORGE R. LILLER STREET ADDRESS 3653 RADNOR PLACE STREET ADDRESS 1064 32nd Street CITY- \$1-7IP CITY-ST-ZIP SARASOTA FL PL 34234 Sarasota._ ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition Delete J)<u>D</u>E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TIBLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition TITLE Defete RITE 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 empoying to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee emporchanged, or on an attachment with an address.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24 , 00

Daytime Phone #

Date