

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053180

1. Entity Name

PHAM & CHAN, INCORPORATED

~~CHANGED TO~~ TRINHPHAM, INCORPORATED

Principal Place of Business

Mailing Address

11608 CHISBURY DR.  
ORLANDO FL 32837

11608 CHISBURY DR.  
ORLANDO FL 32837-5714

2. Principal Place of Business

4302 S. SEMORAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

4302 S. SEMORAN BLVD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32822

Country

USA

Zip

32822

Country

USA

4. FEI Number

59-3514877

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

CHAN, WILLIAM  
11608 CHISBURY DR.  
ORLANDO FL 32837

Name

MYHANH PHAM

Street Address (P.O. Box Number is Not Acceptable)

4832 UK. SHARP DR.

City

ORLANDO

FL

Zip Code

32817

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.

MYHANH PHAM (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PHAM, MY HANH	
STREET ADDRESS	11608 CHISBURY DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHAN, WILLIAM	
STREET ADDRESS	11608 CHISBURY DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHAM, MYHANH	
STREET ADDRESS	4832 UK. SHARP DR.	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

(407) 896-1124

Daytime Phone #

00036141



DO NOT WRITE IN THIS SPACE

CR2E034 (9/93)