2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HLENTVU

MARCH 23, 2000

(601) 991-1166

Apr 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000003392** VICTORIA OF FLORIDA CORPORATION 04-04-2000 90046 033 ***150.00 Principal Place of Business Mailing Address 605 BRANDON TOWN CENTER 605 BRANDON TOWN CENTER BRANDON FL 33511-4727 BRANDON FL 33511 3. Mailing Address 2. Principal Place of Business 605 BRANDON TOWN CENTER P O BOX 1938 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3553518 Not Applicable BRANDON, RIDGELAND MS Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33511 USA 39158 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VU, HIEN Street Address (P.O. Box Number is Not Acceptable) 605 BRANDON TOWN CENTER BRANDON FL 33511 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees 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 12. 11. SECRETARY/TREASURER Change Addition TITLE Delete TITLE PRESIDENT. HIEN VU NAME NAME HIEN VU STREET ADDRESS P O BOX 1938 STREET ADDRESS P O BOX 1938 CITY-ST-ZIP RIDGELAND, MS 39158 CITY-ST-ZIP RIDGELAND, MS 3<u>9158</u> ☐ Addition ☐ Change SECRETARY/TREASURER X Delete TITLE TITLE VICTORIA VU NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 1938 CITY-ST-ZIP RIDGELAND, MS 39158 CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete 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