

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90035 028 ***150.00

DOCUMENT # P99000092129

1. Entity Name
VIETNAM CENTER, INCORPORATED

Principal Place of Business Mailing Address
 1226 E CLONIAL DR. SUITE B 1226 E CLONIAL DR. SUITE B
 ORLANDO FL 32803 ORLANDO FL 32803

2. Principal Place of Business 3. Mailing Address
1222 E. COLONIAL DR #B 1222 E. COLONIAL DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE B

City & State **ORLANDO** City & State **ORLANDO**

Zip **32803** Country Zip **32803** Country

4. FEI Number **59-3604184** 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

LE, THANG X
1226 E CLONIAL DR, SUITE B
ORLANDO FL 32803

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *mail* THANG X LE 4/24/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P LE, THANG X 1226 E CLONIAL DR, SUITE B ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *mail* THANG X LE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 407-894-5755
 Date Daytime Phone #

CR2E034 (10/00)