FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 17, 2002 8:00 am Secretary of State **DOCUMENT #** P99000092419 1. Entity Name 01-17-2002 90032 034 ***150 00 VINH PHUOC. INCORPORATION Principal Place of Business Mailing Address 14924 N DALE MABRY HWY 3404 CRENSHAW LAKE ROAD .14455'N DALE MABRY HWY TAMPA FL 33549 **TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address 3404 CRENSHAW ZAKE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0958517 UTZ. Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Hillsborough 3540 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANH, KHA-LUAN Street Address (P.O. Box Number is Not Acceptable) 3404 CRENSHAW LAKE ROAD LUTZ:FL 33549 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME DANH, KHA-LUAN NAME STREET ADDRESS 3404 CRENSHAW LAKE ROAD STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME DANH, KINH-LUAN NAME[®] STREET ADDRESS 3404 CRENSHAW LAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME DANH, ANH-LUAN STREET ADDRESS STREET ADDRESS 3404 CRENSHAW LAKE ROAD CITY-ST-7IP CITY-ST-ZIP **LUTZ FL 33549** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

HA-LUAN DANH