

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90113 044 ***150.00

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DOCUMENT # V69392

1. Entity Name
KIM-LAN CORP.



Principal Place of Business
5770 WEST IRLO BRONSON
414-416
KISSIMMEE FL 34746

Mailing Address
5770 WEST IRLO BRONSON
414-416
KISSIMMEE FL 34746

11010000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3145475**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ALLEGATO, KATIE
1492 MILL SLOUGH RD.
KISSIMMEE FL 34744

Name **Paula Holman**
Street Address (P.O. Box Number Not Acceptable) **1492 Mill Slough Rd**
City **Kissimmee** FL Zip **34744**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paula Holman**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **NGUYEN, MME THI LAN**
STREET ADDRESS **3522 BERMUDA WAY LANE, #1309**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☒ Change ☐ Addition
NAME **NGUYEN, THI LAN**
STREET ADDRESS **1615 Columbia arms cir, #149**
CITY-ST-ZIP **Kissimmee FL 34741**

TITLE **D** ☐ Delete
NAME **PHAM, KIM**
STREET ADDRESS **14563 MANDOLIN DRIVE**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED - THI LAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/10/03** (407) 396-6571
Daytime Phone #

CR2E034 (10/02)