

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90059 041 \*\*\*150.00

0084138 AV

**DOCUMENT # P00000009460**

1. Entity Name

**MILLENNIUM NAILS PLUS TAN, INC.**

Principal Place of Business

3840 SOUTH ORLANDO DRIVE  
SANFORD FL 32773  
*We Move*  
*420 Saxon Blvd*  
*Unit 204 Deltona FL 32725*

Mailing Address

3840 SOUTH ORLANDO DRIVE  
SANFORD FL 32773  
*141 Cloister Cove*  
*Casselberry FL 32707*

2. Principal Place of Business

*2120 Saxon Blvd*  
Suite, Apt. #, etc.  
*204 Deltona*

3. Mailing Address

*141 Cloister Cove*  
Suite, Apt. #, etc.

City & State

*FL*

City & State

*Casselberry FL*

Zip

Country

*32725*

Zip

Country

*32707*

*Seminole*

6. Name and Address of Current Registered Agent

**YEE CHAU, AGNES MAN ESQ.**

**315 E. ROBINSON STREET**

**SUITE 600**

**ORLANDO FL 32801**

4. FEI Number

**59-3627459**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Tom Hoang President*

DATE

*3/5/02*

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, 2002 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

TITLE ☐ Delete  
NAME **D HOANG, TOM**  
STREET ADDRESS **3840 SOUTH ORLANDO DRIVE**  
CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete  
NAME **D NHU PHU, LIEN**  
STREET ADDRESS **3840 SOUTH ORLANDO DRIVE**  
CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

*Tom Hoang*

Date

*3/5/02 (407) 467-0487*

Daytime Phone #

CR2E034 (9/01)