

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90204 015 \*\*\*150.00

**DOCUMENT # P00000009460**

1. Entity Name  
**MILLENNIUM NAILS PLUS TAN, INC.**



Principal Place of Business  
**2120 SAXON BLVD  
UNIT 204  
DELTONA FL 32725**

Mailing Address  
**141 CLOISTER COVE  
CASSELBERRY FL 32707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3627459**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YEE CHAU, AGNES MAN ESQ.  
315 E. ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801**

Name **Tom Hoang**

Street Address (P.O. Box Number is Not Acceptable)

**2120 SAXON BLVD, #204**

City **DELTONA**

FL

Zip Code **32725**

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

(NOTE: Registered Agent signature required when reinstating)

**1-31-03**  
DATE

**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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **HOANG, TOM** **PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-03**  
Date

**388-532-0767**  
Daytime Phone #

CR2E034 (10/02)