

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-06-2002 90042 044 ***150.00

DOCUMENT # P00000017205

1. Entity Name

SAIGON BEAUTY INSTITUTE, INC.

Principal Place of Business

**1428 CAPITAL CIR. N.W.
TALLAHASSEE FL 32303**

Mailing Address

**1428 CAPITAL CIR. N.W.
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

FEI Number

APPLIED FOR

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, DON

**1428 CAPITAL CIR. N.W.
TALLAHASSEE FL 32303**

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)

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, 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

☐ Delete

NAME

LE, DON

STREET ADDRESS

**1428 CAPITAL CIRCLE NORTHWEST
TALLAHASSEE FL 32303**

CITY-ST- ZIP

TITLE

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

☐ Change ☐ Addition

☐ Change ☐ Addition

FTD ADDRESS CHANGE

Employer Identification Number (EIN)

OMB No. 1545-0257

59-3707704 230612 3 3

**SAIGON BEAUTY INSTITUTE
1428 CAPITAL CIR NW
TALLAHASSEE FL 32303-1110**

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**INTERNAL REVENUE SERVICE CENTER
CINCINNATI, OH 45999**

Send FTD Address Change and correspondence to the IRS address above.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-15-02

574-7591

CR2E034 (9/01)

Do not write beyond this line

New Address _____
City _____
State _____ Zip _____
Telephone Number () _____

Form 8109-C (Rev. 12-2000)

changed, or on an attachment with an address, with an order, and