

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/21

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90019 005 \*\*\*150.00

**DOCUMENT # P00000055014**

1. Entity Name

THIEN NGA, INC.

Principal Place of Business

2786 OLD HWY 441  
 MT DORA FL 32757

Mailing Address

2786 OLD HWY 441  
 MT DORA FL 32757

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

59-3655534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BROWN, DON L-ESQ~~  
 200 N. THORNTON AVE  
 ORLANDO FL 32801

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 LE, NGA LE  
 2786 OLD HWY 441  
 MT DORA FL 32757 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

8/7/2002

35212831

Bank #: 06300004 Acct #: 00003445890186 Check #: 1199

Amount: \$150.00  
Account: 00003445890186  
Bank Number: 06300004  
CD Volume #:   
Check Number: 1199

41351  
P0000055014

Here is my receipt upon of my payment !!  
Thanks

<b>SPRING GARDEN RESTAURANT</b> 3745 OLD US HWY. 441 MOUNT DORA, FL 32757		03-01	351846	1-199
PAY TO THE ORDER OF	Division of Corporation		DATE	3/30/2002
One hundred fifty		\$	150	150
Bank of America		DOLLARS		
FOR		hy:le		
#001199#		#063000047#	003445890186#	#0000015000#

