

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000096735**

1. Entity Name

NINA XAVIER, INC.**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90030 040 ***150.00

Principal Place of Business

852 ESCABAR DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address

852 ESCABAR DRIVE
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1002 W.S.R. 436

3. Mailing Address

1002 W.S.R. 436

Suite, Apt. #, etc.

SUITE 1006

Suite, Apt. #, etc.

SUITE 1006

City & State

ALTAMONTE SPRG., FL

City & State

ALTAMONTE SPRG. FL.

Zip

32714

Country

U.S.A.

Zip

32714

Country

U.S.A.

4. FEI Number

59-3679045

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHIN, NIGEL
852 ESCABAR DRIVE
ALTAMONTE SPRINGS FL 32714

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)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT/TREASURER** ☐ Delete
NAME **NIGEL CHIN**
STREET ADDRESS **852 ESCABAR DR.**
CITY-ST-ZIP **ALT. SPR. FL. 32714**TITLE **VICE PRESIDENT/SECRETARY** ☐ Delete
NAME **HARLINDA CHIN**
STREET ADDRESS **852 ESCABAR DR.**
CITY-ST-ZIP **ALT. SPR. FL. 32714**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Nigel Chin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIGEL CHIN, PRESIDENT

Date

2/5/01 (407) 788-8665

Daytime Phone #

CR2E034 (10/00)