

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-22-2002 90133 044 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009322

1. Entity Name

TINA'S MASTER TAILORS, INC.

Principal Place of Business

985 S. ORLANDO AVE.
WINTER PARK FL 32789

Mailing Address

985 S. ORLANDO AVE.
WINTER PARK FL 32789

2. Principal Place of Business

Same As Above

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3695-221

Applied For

Not Applicable

6. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NGUYEN, HUNG

8326 SOUTHERN FOREST DR.
ORLANDO FL 32829

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]

Signature, typed or printed name of registrant/agent and use if applicable.

(NOTE: Registered Agent signature is required when reinstating)

4/29/02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<i>Keep the same</i>			
	<i>President</i>			
	<i>Huy Nga Tran</i>			
	<i>8326 Southern Forest Dr</i>			
	<i>Orlando Florida 32829</i>			
	<i>Registered Agent</i>			
	<i>Hung Nguyen</i>			
	<i>8326 Southern Forest Dr</i>			
	<i>Orlando FL 32829</i>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02

Date

407 645 3313

Daytime Phone #