

7/9/2001

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FILED
Oct 02, 2002 8:00 am
Secretary of State

07-09-2002 90018 046 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000078189

Entity Name NINI H.J. INC.

607 S. MOODY rd #25-C
 Palatka FL 32177

DO NOT WRITE IN THIS SPACE

607 S. MOODY rd
 Palatka FL 32177
 607 S. MOODY rd
 #25-C
 Palatka FL 32177

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4. FIC Number
 59-3753759

Applied For
 Not Applicable

5. Fee for Initial Filing of Report ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Name VANNY HO
 Street Address (P.O. Box Number, if Not Applicable)

607 S. MOODY rd #25-C

City Palatka FL Zip Code 32177

DO NOT WRITE IN THIS SPACE

I, the undersigned, certify that this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

NATURE

Signature, Name, Title, and Address of Officer or Director

Signature, Name, Title, and Address of Registered Agent

DATE 8/30/02

This corporation is eligible to satisfy its intangible
 tax filing requirements and elects to do so. ☐
 See criteria on back

11. If the corporation is a corporation with a fiscal year other than the calendar year, the corporation shall file this report on or before the 15th day of the month in which its fiscal year ends. ☐
 12. Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

OFFICERS AND DIRECTORS

PRESIDENT
 VANNY HO
 425 ALAFAYA WOODS BLVD. APT H.
 OVIEDO, FL 32765

TREASURER
 LAN N. PHAN
 425 ALAFAYA WOODS BLVD. APT H.
 OVIEDO, FL 32765

ADDRESS
 ZIP

ADDRESS
 ZIP

ADDRESS
 ZIP

ADDRESS
 ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information
 declared 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 on an
 instrument with an address, with all other like empowered.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E048 (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment
#32447

DOCUMENT # P01000078189
1. Entity Name MINI H.J. INC.
607 S. MOODY rd #25-C
Palatka FL 32177

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business
607 S. MOODY rd
Palatka FL 32177
3. Mailed Address
607 S. MOODY rd
Palatka FL 32177

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3753759
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Vanny Ho
Street Address (P.O. Box Number is Not Acceptable)
607 S. MOODY rd #25-C
City Palatka FL Zip Code 32177

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 *Vanny Ho* DATE 8/30/02
(NOTE: Registered Agent Signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
January 15-May 15 Fee is \$150.00
After May 15 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	VANNY HO
STREET ADDRESS	425 ALAFAYA WOODS BLVD. APT H.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	TREASURER
NAME	LAN N. PHAN
STREET ADDRESS	425 ALAFAYA WOODS BLVD. APT H
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.
SIGNATURE: *Vanny Ho* Date 08/1. 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)