

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90075 045 ***550.00

0145810 SP

DOCUMENT # P95000013127

1. Entity Name

VINA, INC.

Principal Place of Business

H 13 AIRLINE PARK
METAIRIE
METAIRIE LA 70003
US

Mailing Address

H 13 AIRLINE PARK
METAIRIE
METAIRIE LA 70003
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Same

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3298205

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**DECKER, ANDREW J III
320 WHITE AVENUE
LIVE OAK FL 32060**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SAME

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS NGUYEN, HAI H
CITY-ST-ZIP 413
METAIRIE LATITLE ☐ Delete
NAME D
STREET ADDRESS NGUYEN, LAN T
CITY-ST-ZIP 413 AIRLINE PARK BUILDING
METAIRIE LA 70003TITLE ☐ Delete
NAME D
STREET ADDRESS TRAN, BAO
CITY-ST-ZIP ROUTE 5, BOX 77
LIVE OAK FL 32060TITLE ☐ Delete
NAME D
STREET ADDRESS LE, TRUNG
CITY-ST-ZIP 134 WILLOWBROOK DRIVE
GRETN LA 70056TITLE ☐ 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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-12-01

CR2E034 (5/01)