# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 24, 2000 8:00 am**
**Secretary of State**
04-24-2000 90168 022 ***150.00

DOCUMENT # P97000102318

1. Entity Name

NGUYEN'S MISS SAIGON BISTRO CORPORATION

Principal Place of Business
146 Giralda Avenue
Coral Gables, FL 33134

Mailing Address
P.O. Box 5518
Miami - FL 33256

C0071808

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 146 Giralda Ave | P.O. BOX 5518 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Coral Gables ~~FL~~ FL | City & State: MIAMI, FL. |
| Zip: 33134 Country: USA | Zip: 33256 Country: USA |

4. FEI Number: 65-0806755 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| Oscar Duranza, CPA<br>10300 Sunset Dr. #284<br>Miami, FL. 33173 | Name: Oscar Duranza<br>Street Address (P.O. Box Number is Not Acceptable): 10300 Sunset Dr. #284<br>City: MIAMI FL Zip Code: 33173 |

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 _____ HALI NGUYEN _____
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, 2000 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 | NGUYEN-GARCIA MIMI ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.O. Box 5518<br>Miami - FL 33256 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | NGUYEN NGOC HALI ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.O. Box 5518<br>Miami - FL 33256 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | NGUYEN, NGOC PHUOC ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.O. Box 5518<br>Miami - FL 33256 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | NGUYEN, NGOC HIEU ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.O. Box 5518<br>Miami - FL 33256 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | NGUYEN, NGOC DUNG ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.O. Box 5518<br>Miami - FL 33256 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/99)

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:** _____ HALI NGUYEN 4/14/00 (305)205-5[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #