

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102318

1. Entity Name

NGUYEN'S MISS SAIGON BISTRO CORPORATION
Principal Place of Business Mailing Address
146 Giralda Avenue P.O. Box 5518
Coral Gables, FL 33134 Miami - FL 33256

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90168 022 ***150.00

C0071808

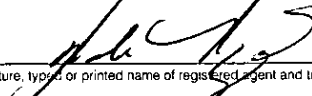
2. Principal Place of Business 146 Giralda Ave Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 5518 Suite, Apt. #, etc.	
City & State Coral Gables FL		City & State MIAMI, FL	
Zip 33134	Country USA	Zip 33256	Country USA

4. FEI Number 65-0806755	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Oscar Duranza, CPA 10300 Sunset Dr. #284 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Oscar Duranza Street Address (P.O. Box Number is Not Acceptable) 10300 Sunset Dr. #284 City MIAMI FL Zip Code 33173	
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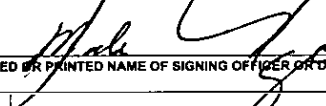
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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
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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 ☐ Change ☐ Addition Miami - FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN NGOC HALI ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 5518 ☐ Change ☐ Addition Miami - FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, NGOC PHUOC ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 5518 ☐ Change ☐ Addition Miami - FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, NGOC HIEU ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 5518 ☐ Change ☐ Addition Miami - FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, NGOC DUNG ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 5518 ☐ Change ☐ Addition Miami - FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  HALI NGUYEN 4/14/00 (305) 205-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)