

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102318

1. Entity Name

NGUYEN'S MISS SAIGON BISTRO CORPORATION

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90100 042 ***150.00

Principal Place of Business

148 GERALDA AVENUE
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 5518
MIAMI FL 33256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

DURANZA, OSCAR
10300 SUNSET DRIVE #284
MIAMI FL 33173

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, 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, 2001 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	D	☐ Delete
NAME	NGUYEN-GARCIA, MIMI	
STREET ADDRESS	11906 S.W. 78TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	☐ Delete
NAME	NGUYEN-NGOC, HALI	
STREET ADDRESS	11906 S.W. 78TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	☐ Delete
NAME	NGUYEN-NGOC, PHUOC	
STREET ADDRESS	11906 S.W. 78TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	☐ Delete
NAME	NGUYEN-NGOC, HIEU	
STREET ADDRESS	11906 S.W. 78TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☒ Change ☐ Addition
NAME	<i>Mimi</i>
STREET ADDRESS	<i>P.O. Box 5518</i>
CITY-ST-ZIP	<i>Miami - FL 33256</i>
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	<i>P.O. Box 5518</i>
CITY-ST-ZIP	<i>Miami - FL 33256</i>
TITLE	☒ Change ☐ Addition
NAME	<i>Phuoc</i>
STREET ADDRESS	<i>P.O. Box 5518</i>
CITY-ST-ZIP	<i>Miami - FL 33256</i>
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	<i>P.O. Box 5518</i>
CITY-ST-ZIP	<i>Miami - FL 33256</i>
TITLE	☐ Change ☒ Addition
NAME	<i>Dung Nguyen Ngoc</i>
STREET ADDRESS	<i>P.O. Box 5518</i>
CITY-ST-ZIP	<i>Miami - FL 33256</i>
TITLE	☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 (305) 205-5309

Date

Daytime Phone #

CR2E034 (10/00)