

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078258

1. Entity Name

SAIGON COMMUNICATIONS, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90096 010 \*\*\*150.00

Principal Place of Business

202 EAST COLONIAL ROAD  
ORLANDO FL 32801  
US

Mailing Address

P.O. BOX ~~770056~~ P.O. Box 691766  
~~ORLANDO FL 32877-0056~~  
US ORLANDO, FL 32869-1766

2. Principal Place of Business

3. Mailing Address

P.O. Box 691766

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
ORLANDO, FL

4. FEI Number 59-3530236

Applied For  
Not Applicable

Zip

Country

Zip 32869-1766

Country USA

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

CHAU, ANDY  
12306 BOHANNON BLVD  
ORLANDO FL 32824

Name

ANDY CHAU

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

8912 SOUTHERN BREEZE DR.

City

ORLANDO,

FL

Zip Code

32836

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

FEB 09-2000

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 D  
NAME CHAU, ANDY  
STREET ADDRESS 12306 BOHANNON BLVD  
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME NGUYEN, HANG  
STREET ADDRESS 12306 BOHANNON BLVD  
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 09-2000

Date

(407) 352-8343

Daytime Phone #

CR2E034 (9/99)