

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102442

1. Entity Name

NHD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 265005
DAYTONA BEACH FL 32126

P.O. BOX 265005
DAYTONA BEACH FL 32126-5005

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 59-3569841

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

CHAMPAGNE, PHACHAREWAN S
9351 S W 16TH STREET
BOCA RATON FL 33428

Name CHAMPAGNE, PHACHAREWAN S

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

6160 N. DIXIE HWY.

City BOCA RATON FL Zip Code 33487-3254

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 *P. Champagne* PHACHAREWAN S. CHAMPAGNE

DATE MARCH 27 '2000

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	P	<input type="checkbox"/> Delete
NAME	DO, NHAN H	
STREET ADDRESS	P.O. BOX 265005	
CITY-ST-ZIP	DAYTONA BEACH FL 32126	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	CHAMPAGNE, PHACHAREWAN S	
STREET ADDRESS	9351 S W 16TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *P. Champagne* PHACHAREWAN S. CHAMPAGNE 3/27/2000 271-4083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90109 003 *****8.75
04-06-2000 90109 001 ***150.00
04-06-2000 90109 002 *****5.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)