

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90227 006 ***150.00

DOCUMENT # P99000047774

1. Entity Name
GIANG'S VIDEO, INC.



Principal Place of Business
**11153 MODEL CIRCLE WEST
BOCA RATON FL 33428**

Mailing Address
**11153 MODEL CIRCLE WEST
BOCA RATON FL 33428**

2. Principal Place of Business
1043. N. STATE Rd 7.
Suite, Apt. #, etc.

3. Mailing Address
1043. N. STATE Rd 7
Suite, Apt. #, etc.

City & State
MARGATE FL

City & State
MARGATE FL

4. FEI Number **65-0920621**

Applied For
☒ Not Applicable

Zip **33063** Country **Browad.**

Zip **33063** Country **Browad.**

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

**VAN, MY-HOA
11153 MODEL CIRCLE WEST
BOCA RATON FL 33428**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE **3/25/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **MY-HOA, NGUYEN**
STREET ADDRESS **11153 MODEL CIRCLE WEST -> (Home)**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **P** ☒ Change ☐ Addition
NAME **MY-HOA, NGUYEN**
STREET ADDRESS **1043. N. STATE Rd 7**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)