## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **V15614** Aug 09, 2000 8:00 am Secretary of State JOSEPH GIAN CORPORATION 08-09-2000 90077 036 \*\*\*150.00 Principal Place of Business Mailing Address C/O HYATTT REGENCY GRAND CYPRESS C/O HYATTT REGENCY GRAND CYPRESS 1 GRAND CYPRESS BLVD 1 GRAND CYPRESS BLVD ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3107361 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIAN JOSEPH Street Address (P.O. Box Number is Not Acceptable) C/O HYATT REGENCY GRAND CYPRESS 1 GRAND CYPRESS BLVD ORLANDO FL 32819 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition DP TITLE Change TITLE Delete NAME NAME GIAN, JOSEPH STREET ADDRESS STREET ADORESS **5033 DELVIN COURT** CITY-ST-ZIE CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME NAME GIAN, HELEN Y STREET ADDRESS STREET ADDRESS **5033 DELVIN COURT** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition TITLE Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPEDOR PRINTED MAJE OF SIGNING OFFICER OR DIRECTOR

8.1.00

*401-*239-8554

Daytime Phone #

HHachment DHV15614 DUM56**3** 

August 8, 2000

Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Joseph Gian Corporation Document #V15614 59-3107361

To Whom It May Concern:

This letter is in reference to the above mentioned Corporation... To my knowledge I never recieved a form other than the one that is enclosed.. We have owned the business since 1992 and I don'e believe that it has ever been sent in late...... It could have been overlooked, however, I do not believe that I recieved one...

I have enclosed a check for \$150.00 and the filing form signed and dated. I hope this will be acceptable, however if not, please let me hear from you. I would greatly appreciate if you would consider accepting this and I will make a note to be sure and keep check on the form for 2,001...

Thanking you in Advance, I remain

Very truly yours.

JOSEPH GHÁN CÓRPORATION

ensls. form & ck #4401