## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2001 8:00 am s Secretary of State DOCUMENT # N9800000160 1. Entity Name "AMAZING GRACE" CHRISTIAN CHURCH INC. 04-20-2001 90025 028 \*\*\*\*70.00 Principal Place of Business Mailing Address P.O. BOX 831622 P.O. BOX 831622 002013 MIAMI FL 33283-1622 MIAMI FL 33283-1622 3. Mailing Address 2. Principal Place of Business 4244 SW 53 10240 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State \_ 65-0805061 FL. Miami Mianu Not Applicable Country A. \$8.75 Additional Country 5. Certificate of Status Desired 33175 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Garcia O. Box Number is Not Acceptable) SOUILLA, CARLOS 14901 SW 69 ST. **MIAMI FL 33193** City Miami 35°75 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. 4-15-01 SIGNATURE ignature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Delete TITLE TITLE Julio E. Garcia SEVILLA, CARLOS NAME NAME 14244 SW 53 St. 14901 SW 69 STREET STREET ADDRESS STREET ADDRESS MIRMI, F1 33175 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33193 Change ☐ Addition SD Delete TITLE TITLE Cristina S. Garcia PEREZ, ANGIE NAME NAME 14244 SW 53 ST. STREET ADDRESS 2731 SW 96 AVENUE STREET ADDRESS Miami Fl. 33175 CITY-ST-ZIP-MIAMI: FL-33165-CITY-ST-ZIP Change Delete ☐ Addition TD TITLE Christian A. García TITLE RODRIGUEZ, ORLANDO J NAMÉ NAME 14244 SW 53 ST. 5865 SW 89 AVE STREET ADDRESS STREET ADDRESS Miami, Fl. 33175 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS

changed, or on an attachment with an address with all other like empowered. TORED E.GANCIA 4-15-2001 55 SIGNATURE

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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