

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000058658**1. Entity Name  
**AMAZINGLY BLESSED COMPANY**

## Principal Place of Business

6320 NW 175TH TERR

MIAMI  
33015

FL

## Mailing Address

6320 NW 175TH TERR

MIAMI  
33015

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-1015467**

Applied For

Not Applicable

## 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**ANTHONY TOWNSEND MICHAEL**  
6320 NW 175TH TERRMIAMI  
33015

FL

## 7. Name and Address of New Registered Agent

Name

**TOWNSEND MICHAEL A**Street Address (P.O. Box Number is Not Acceptable)  
**6320 NW 175TH TERR**City  
**MIAMI****FL**Zip Code  
**33015**

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 **MICHAEL ANTHONY TOWNSEND****04/28/2001**

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, 2001 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MRS.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>WENDY TOWNSEND MCFO</b>		
STREET ADDRESS	<b>6320 NW 175TH TERR.</b>		
CITY-ST-ZIP	<b>MIAMI LAKES FL 33015</b>		
TITLE	MR.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>TAYLOR CHRISTOPHER DDIRECTO</b>		
STREET ADDRESS	<b>1910 NW 195TH ST.</b>		
CITY-ST-ZIP	<b>MIAMI FL 33056</b>		
TITLE	MR.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>TAYLOR MICHAEL EDIRECTO</b>		
STREET ADDRESS	<b>1910 NW 195TH ST.</b>		
CITY-ST-ZIP	<b>MIAMI FL 33056</b>		
TITLE	MR.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>TAYLOR MARK ADIRECTO</b>		
STREET ADDRESS	<b>1910 NW 195TH ST.</b>		
CITY-ST-ZIP	<b>MIAMI FL 33056</b>		
TITLE	MR.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>TOWNSEND MICHAEL ADIRECTO</b>		
STREET ADDRESS	<b>6320 NW 175TH TERR</b>		
CITY-ST-ZIP	<b>MIAMI LAKES FL 33015</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Michael Anthony Townsend**

Dire

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)