FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State
03-18-2003 90063 048 ***150.00

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DOCUMENT # P02000032338

1. Entity Name

AMELIA CROWN CONCEPT, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1601 NECTARINE ST.	21700 NORTHWESTERN HWY.
Suite, Apt. #, etc: H-1	Suite, Apt. #, etc: 975
City & State: FERNANDINA BEACH, FL	City & State: SOUTHFIELD, MI
Zip: 323034 Country: USA	Zip: 48075 Country: USA

4. FEI Number 32-0007008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WOON HAK PAEK

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

1601 NECTARINE ST. #H-1

City FERNANDINA BEACH FL Zip Code 32034

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 X _____ WOON HAK PAEK, PRESIDENT X 3/17, 03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE P NAME WOON HAK PAEK STREET ADDRESS 1601 NECTARINE ST. #H-1 CITY-ST-ZIP FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME WOON HAK PAEK STREET ADDRESS 1601 NECTARINE ST. #H-1 CITY-ST-ZIP FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME WOON HAK PAEK STREET ADDRESS 1601 NECTARINE ST. #H-1 CITY-ST-ZIP FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ WOON HAK PAEK X 3/17, 03 248-569-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #