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1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

05 OCT 18 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000022851

1. Entity Name

AMAZING ECUADOR, INC

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REINSTATEMENT 05

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
6761 W SUNRISE BLVD Suite, Apt. #, etc.: UNIT #7 City & State: PLANTATION, FL Zip: 33313 Country: BROWARD	P.O. BOX 970720 Suite, Apt. #, etc.: City & State: COCONUT CREEK, FL Zip: 33097 Country: BROWARD	54-2098314	Applied For ☐ Not Applicable ☐

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

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7. Name and Address of Current Registered Agent

Name: MONCAYO, MARIA

Street Address (P.O. Box Number is Not Acceptable): 5825 EAGLE CAY LANE

City: COCONUT CREEK FL Zip Code: 33073

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 Hz Enlz Moncayo

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	PD
NAME	MONCAYO, MARIA
STREET ADDRESS	5825 EAGLE CAY LANE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	STD
NAME	CHECA, PABLO E
STREET ADDRESS	5825 EAGLE CAY LANE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Hz Enlz Moncayo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Florida Profit

B. Mitchell OCT 18 2005

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $150.00 for the annual report fee with my application.

Please be advise that we moved to 6761 W SUNRISE BLVD – PLANTATION , FL 33313 and we did not receive the U.B.R. for 2005 or any other notice from the Division of Corporations in respect with the Corporation **AMAZING ECUADOR, INC**

Thank you for your courtesy in this matter.

MARIA MONCAYO
AGENT REGISTERED