

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 FEB 11 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66401002

DOCUMENT # P03000063000

1. Entity Name

AMAZING GRACE S CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11951 SW 132ND CT

3. Mailing Address

539 N. MILLS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
ORLANDO, FL

4. FEI Number 20-0029090

Applied For
Not Applicable

Zip
33186

Country
US

Zip
32803

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required ☐

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TUANG KHAN NANG

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

11951 SW 132ND CT.

City MIAMI

FL

Zip Code 33186

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

Tuang Nang

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-04

January 2004 Fee \$150.00

March 2004 Fee \$150.00

April 2004 Fee \$150.00

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
NAME
STREET ADDRESS
CITY- ST- ZIP
TUANG KHAN NANG/ PRESIDEN
11951 SW 132ND CT
MIAMI, FL33186

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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500027525385
01/23/04-01061-020 \$150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Tuang Nang*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04

Date

Daytime Phone #

CR2E0348 (12/02)