2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90015 038 ***158.75

DOCUMENT # L64442

1. Entity Name
THE AMBASSADORS MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
801 S BAYSHORE DR SALES OFICE MIAMI FL 33131 US	801 S BAYSHORE DR P O BOX 5 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
801 Brickell Bay Drive		801 Brickell Bay Drive	
Suite, Apt. #, etc.: Sales Office		Suite, Apt. #, etc.: Box #5	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33131	Country: U.S.	Zip: 33131	Country: U.S.

4. FEI Number 65-0243255 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

US PROPERTIES INC
801 S BAYSHIORE DR (crossed out)
SALES OFFICE (crossed out)
MIMAI FL 33131

7. Name and Address of New Registered Agent

Name: U.S. Properties, Inc.
Street Address (P.O. Box Number is Not Acceptable): 825 Brickell Bay Drive, Suite 344
City: Miami FL Zip Code: 33131

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 [signature] DATE 3/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENA, EMILIO GARCIA 1925 BRICKELL AVE #206 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 801 Brickell Bay Drive, Box 5 Miami, FL 33131	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] Emilio Garcia Mena 3/12/01 (305) 371-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #