

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90216 048 ****61.25

DOCUMENT # N99000001227

1. Entity Name

AMBASSADOR SOUTH INC.

Principal Place of Business

3131 S OCEAN DR
 HALLANDALE FL 33009

Mailing Address

3131 S OCEAN DR
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1144223

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERN, LINDA
3133 S OCEAN DR
APT 317
HALLANDALE FL 33009

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: MCGOVERN, WALTER
 STREET ADDRESS: 3135 S OCEAN DR
 CITY-ST-ZIP: HALLANDALE FL 33009 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD
 NAME: KLEIN, DOROTHY
 STREET ADDRESS: 3133 S OCEAN DR
 CITY-ST-ZIP: HALLANDALE FL 33009 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD
 NAME: ROOS, ROBERT
 STREET ADDRESS: 3131 S OCEAN DR
 CITY-ST-ZIP: HALLANDALE FL 33009 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD
 NAME: PETITONE, RITA
 STREET ADDRESS: 3135 S OCEAN DR
 CITY-ST-ZIP: HALLANDALE FL 33009 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: TD
 NAME: STERN, LYNDA
 STREET ADDRESS: 3133 S OCEAN DRIVE
 CITY-ST-ZIP: HALLANDALE FL 33009 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D
 NAME: PALFY, MARIN
 STREET ADDRESS: 3129 S OCEAN DR
 CITY-ST-ZIP: HALLANDALE FL 33009 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter MCGovern Pres
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-01

954 454 6787

CR2E037 (10/00)