

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90052 020 ****61.25

DOCUMENT # N99000001227

1. Entity Name

AMBASSADOR SOUTH INC.

Principal Place of Business

Mailing Address

2131 S OCEAN DR
 HALLANDALE FL 33009

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	<input checked="" type="checkbox"/> Delete
NAME	MCGOVERN, WALTER	
STREET ADDRESS	3135 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, DOROTHY	
STREET ADDRESS	3133 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROOS, ROBERT	
STREET ADDRESS	3131 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETTITONE, RITA	
STREET ADDRESS	3135 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STERN, LYNDA	
STREET ADDRESS	3133 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALFY, MARIN	
STREET ADDRESS	3129 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Owen Markey	
STREET ADDRESS	3131 S. OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billie Groff	
STREET ADDRESS	3133 S. OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY GIANNICO	
STREET ADDRESS	3129 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT ROOS	
STREET ADDRESS	3135 S OCEAN DRIVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA GLADSTONE	
STREET ADDRESS	3133 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 employed.

SIGNATURE: *Owen Markey* President 2/24/02 954-454-2633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)