

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90420 048 ***150.00

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1. Entry Name
AMBRIZ ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

36580

2. Principal Place of Business
1724 N.E. MIAMI GARDENS DR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
N. MIAMI BEACH, FL

City & State
1

4. FEI Number
65-1141685

Applied For
 Not Applicable

Zip
33179

Country
MIAMI-DADE

Zip
33179

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SANKOWSKI & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable)
500 N.E. SPANISH RIVER BLVD #28A

City BOCA RATON, FL Zip Code 33431

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]

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

(NOTE: Registered Agent signature required when reinstating)

5/1/02
Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
Ann. May 1 Fee is \$550.00
Amended UBRs \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>ELSA AMBRIZ P AMBRIZ ENTERPRISES, INC 1724 N.E. MIAMI GARDENS DR N. MIAMI BEACH, FL 33179</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] ELSA AMBRIZ 5/1/02 305-944-9580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #