


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-07-2003 91008 003 ***150.00

DOCUMENT # P02000027784

1. Entity Name
AMBASSADOR TAXI SERVICE, INC.



Principal Place of Business
8240 SW 11TH ST.
N. LAUDERDALE FL 33068

Mailing Address
8240 SW 11TH ST.
N. LAUDERDALE FL 33068



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number KX 32-0009307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIERRE, FRANTZ 8240 SW 11TH ST. N. LAUDERDALE FL 33068	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	S <input type="checkbox"/> Delete	TITLE T & VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PIERRE, FRANTZ		NAME DICKENS KAVANAGHT	
STREET ADDRESS 8240 SW 11TH ST.		STREET ADDRESS 6505 EMERALD LAKE DR	
CITY-ST-ZIP N. LAUDERDALE FL 33068		CITY-ST-ZIP MIRAMAR FLORIDA 33023	
TITLE D	P <input type="checkbox"/> Delete	TITLE PUBLIC RELATIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CADET, GERLYN L		NAME IVALIER DUVRA	
STREET ADDRESS 1906 SW 8TH ST.		STREET ADDRESS 2024 NW 12th AVENUE	
CITY-ST-ZIP FT. LAUDERDALE FL 33312		CITY-ST-ZIP FORT LAUDERDALE FLORIDA 33311	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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: *Gerlyn L. Cadet* **04-02-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #