

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 006 ***150.00

DOCUMENT # **P02000118251**

1. Entity Name
AMBASSADOR REALTORS AND ASSOCIATES, INC.



10103995



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**2562 NE MIAMI GARDENS DR
NO MIAMI BEACH FL 33180**

Mailing Address
**2562 NE MIAMI GARDENS DR
NO MIAMI BEACH FL 33180**

2. Principal Place of Business
11601 Biscayne BLVD
Suite, Apt. #, etc.
100

3. Mailing Address
11601 Biscayne BLVD
Suite, Apt. #, etc.
100

City & State
N. Miami, Florida

City & State
N. Miami, Florida

4. FEI Number
22-3880665

Applied For
 Not Applicable

Zip
33161

Country
USA

Zip
33161

Country
USA

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

6. Name and Address of Current Registered Agent

BABA, MOSHE
2562 NE MIAMI GARDENS DR
NO MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BABANOSHE** *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (None if registered agent signature required when reinstating) DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BABA, MOSHE	
STREET ADDRESS	2562 NE MIAMI GARDENS DR	
CITY-ST-ZIP	NO MIAMI BEACH FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUBINO, BARBARA	
STREET ADDRESS	2562 NE MIAMI GARDENS DR	
CITY-ST-ZIP	NO MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baba, Moshe	
STREET ADDRESS	11601 Biscayne BLVD	
CITY-ST-ZIP	N. Miami, FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rubino, Barbara	
STREET ADDRESS	11601 Biscayne BLVD	
CITY-ST-ZIP	N. Miami FL, 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: **SIGNATURE [Signature]** **5/01/2003** **305-244-3334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0309867 AV

CRCE034 (10/02)