

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91612 003 ***150.00

DOCUMENT # **PO1000098154**
1. Entity Name
Ambassador Limousine & Transportation Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9360 Sunset Dr.
Suite, Apt. #, etc.
Suite 261
City & State
Miami, FL
Zip
33173
Country
USA

3. Mailing Address
9360 Sunset Dr.
Suite, Apt. #, etc.
Suite 261
City & State
Miami, FL
Zip
33173
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

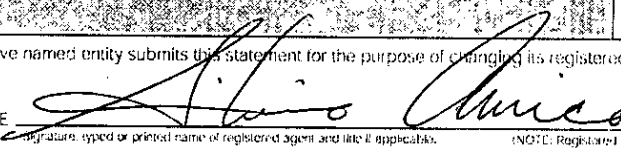
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Silvia Amico**
Street Address (P.O. Box Number is Not Acceptable)
6401 SW 87 Ave
Suite 120
City **Miami** FL Zip Code **33173**

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  **04-18-02**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing) 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
After May 1, Fee is \$550.00
Amended UBR is \$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 **P/S/VP/T**
NAME **Brian P. Fonseca**
STREET ADDRESS **11485 SW 87 Ave**
CITY-ST-ZIP **Miami, FL 33176**

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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:  **President** **4/18/02** **305-271-0722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)