

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90362 020 ***150.00

DOCUMENT # M98381

1. Entity Name
AMBRO, INC.

Principal Place of Business
10021 SW 145 PL
MIAMI FL 33186

Mailing Address
10021 SW 145 PL
MIAMI FL 33186

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0266641** Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

DOWELL, MARIE ELSIE
11321 SW 152 PL
MIAMI FL 33196

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 | D | <input type="checkbox"/> Delete |
| NAME | AMEDEE, PIERRE EMILE | |
| STREET ADDRESS | 6834 SW 127TH PLACE | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | AMEDEE, JEAN BERNARD | |
| STREET ADDRESS | 10021 SW 145TH PLACE | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | AMEDEE, EDWIGE | |
| STREET ADDRESS | 10021 SW 145TH PLACE | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Clarens PRESSOIR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Martine Heraux | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Gerard E. AMEDEE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | M | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerard E. Amedee* **Gerard E. Amedee** 4/21/02 305-383-4095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)