### 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000081708

Entity Name: AMBASSADOR TRANSPORTATION PROVIDER, INC.

**FILED** May 13, 2013 **Secretary of State** CC8046131909

## **Current Principal Place of Business:**

201 W. SUNRISE BLVD.

SUITE 201

FORT LAUDERDALE, US 33311

# **Current Mailing Address:**

201 W. SUNRISE BLVD.

SUITE 201

FORT LAUDERDALE, US 33311 US

FEI Number: 46-1056467 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

KAVANAGHT, DICKENS 201 W. SUNRISE BLVD.

SUITE 2A

FORT LAUDERDALE, FL 33311 US

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:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title Title SEC

CADET, GERLYN L Name Name KAVANAGHT, DICKENS

201 W. SUNRISE BLVD. SUITE 2A 201 W. SUNRISE BLVD., SUITE 2A Address Address FORT LAUDERDALE FL 33311 City-State-Zip: FORT LAUDERDALE US 33311 City-State-Zip:

2ND VICE PRESIDENT Title VΡ Title

Name DUVRA, IVALIER KAVANAGHT, DICKENS Name

Address 201 W. SUNRISE BLVD. 201 W. SUNRISE BLVD. Address SUITE 201

SUITE 201

FORT LAUDERDALE FL 33311 City-State-Zip: FORT LAUDERDALE FL 33311 City-State-Zip:

Title **SECRETARY** PIERRE, FRANTZ Name 201 W. SUNRISE BLVD. Address

SUITE 201

City-State-Zip: FORT LAUDERDALE FL 33311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GERLYN L. CADET

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

05/13/2013