

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90036 032 ***158.75

DOCUMENT # 311666

1. Entity Name
THE AMBASSADOR SOUTH DEVELOPMENT CORP.

Principal Place of Business 2774 S. OCEAN BLVD. PALM BEACH FL 33480	Mailing Address 2774 S. OCEAN BLVD. PALM BEACH FLA 33480-5539
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1205161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCDONALD, JACK, ESQ.
2875 S OCEAN BLVD.
PALM BCH FL 33480

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, BENEDICT	
STREET ADDRESS	2774 S OCEAN BLVD, #701	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	CANTER, ELIOT	
STREET ADDRESS	2774 S. OCEAN BLVD, #709	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAPPIN, IRENE	
STREET ADDRESS	2774 S OCEAN BLVD, #405	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPETT, MICHAEL	
STREET ADDRESS	2774 S OCEAN BLVD, #406	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORMAN, LEONARD	
STREET ADDRESS	2774 S OCEAN BLVD, #805	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANDELSMAN, JOSEPH	
STREET ADDRESS	2774 S OCEAN BLVD, #108	
CITY-ST-ZIP	PALM BEACH FL 33480	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Waldman	
STREET ADDRESS	2774 So. Ocean Blvd. #404	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abraham Safo	
STREET ADDRESS	2774 S. Ocean Blvd. #102	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Wortman	
STREET ADDRESS	2774 So. Ocean Blvd. #512	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew Allen	
STREET ADDRESS	2774 So. Ocean Blvd. #304	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benedict Rosenberg	
STREET ADDRESS	2774 So. Ocean Blvd. #701	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Schwolsky	
STREET ADDRESS	2774 S. Ocean Blvd. #206	
CITY-ST-ZIP	Palm Beach, FL 33480	

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: Jane Waldman, Pres. DATE: 1/26/00 DAYTIME PHONE #: 561 540 5404

CR2E034 (9/99)